

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

JAN 15 1935

42236

1. PLACE OF DEATH

County Cape Girardeau Registration District No. 129
Township Shannon Primary Registration District No. 15/80
City (No.) St. Ward)

File No.
Registered No. 25

2. FULL NAME

Sarah Jane Gordon
(a) Residence, No. St. Ward.

(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND-OF (OR) WIFE OF <u>Wm Gordon</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>10-28-1850</u>		
7. AGE	YEARS <u>84</u>	MONTHS <u>2</u>
	DAYS <u>-</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>House Wife</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 28, 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 23, 1924, to Dec - 28, 1934
I last saw her alive on Dec 16, 1934. Death is said

to have occurred on the date stated above, at 5:45 P. M.
The principal cause of death and related causes of importance were as follows:

Circumstances of death
with
Senility
Other contributory causes of importance
17 of 18

Date of onset

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19.....
Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify
(Signed) R. D. Blylock, M. D.
(Address) Pocahontas, Mo.

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>
	13. NAME <u>David Willis</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>North Carolina</u>
	15. MAIDEN NAME <u>Elizabeth Masterson</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>
	17. INFORMANT <u>Mrs. J. A. McHard</u> (ADDRESS) <u>Smithland, Mo.</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Apple Creek Cem.</u> DATE <u>12-29</u> , 19 <u>34</u>	
19. UNDERTAKER <u>Reisenbichler & Co.</u> (ADDRESS) <u>Pocahontas, Mo.</u>	
20. FILED <u>12-29-1934</u> <u>J. J. Schoss</u> Registrar.	

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

