

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.

JAN 10 1935

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

Dr. [Signature]  
Do not use this space.

44127

File No. \_\_\_\_\_  
Registered No. 1498

1. PLACE OF DEATH  
87 County Ray Registration District No. 744  
Township Genetta Primary Registration District No. 5976B  
City Genetta (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Miss Evelene 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE Black 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Single  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 18 1909  
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 25 0 26  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. \_\_\_\_\_  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. House Lady  
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_  
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Genetta Missouri  
13. NAME Albert Gordon  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Genetta Missouri  
15. MAIDEN NAME Mamie Poplett  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Genetta Missouri  
17. INFORMANT Ms Albert Gordon  
(ADDRESS) Genetta Missouri  
18. BURIAL, CREMATION, OR REMOVAL  
PLACE St. Stephens DATE December 19 1934  
19. UNDERTAKER (ADDRESS) Richmond  
20. FILED 1-9 1935 6 6 Ray Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 24 1934  
22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_  
I last saw h. \_\_\_\_\_ alive on Dec 24 1934. Death is said to have occurred on the date stated above, at 5 A m.  
The principal cause of death and related causes of importance were as follows:  
Acute Dilatation of Heart (L.S.)  
Date of onset \_\_\_\_\_  
Other contributory causes of importance: Toxic Thyroid  
Name of operation none Date of \_\_\_\_\_  
What test confirmed diagnosis? chemi Was there an autopsy? No  
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? No  
If so, specify \_\_\_\_\_  
(Signed) E. B. [Signature]  
(Address) Richmond Mo

