

SEP 26 1930

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

Do not use this space.

30867

1. PLACE OF DEATH

County Ray
Township _____
City Hardin mo. (No. _____) St. _____ Ward _____

Registration District No. 740
Primary Registration District No. 4442

File No. _____
Registered No. 17

2. FULL NAME

Mildred Gordon

(a) Residence. No. _____ St. _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF widowed

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 3 - 1886
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
94 6 21

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Living with
(b) General nature of industry, business, or establishment in which employed (or employer) Daughters
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Lexington
(STATE OR COUNTRY) Missouri

10. NAME OF FATHER Dont no.
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Virginia
12. MAIDEN NAME OF MOTHER Meliza Callaway
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Virginia

14. INFORMANT Manuel Walker
(Address) Nonborne mo.

15. FILED Sep 10 1930 Jno W Kripschild REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sep - 1 1930

17. I HEREBY CERTIFY, That I attended deceased from Aug 25, 1930, to Sept 1, 1930 that I last saw her alive on Aug 28, 1930, and that death occurred, on the date stated above, at 2 91 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Uremic Poisoning
97
132B (duration) yrs. mos. ds. 10
CONTRIBUTORY Arterio Sclerosis (SECONDARY) Severe (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
NO
DID AN OPERATION PRECEDE DEATH? no DATE OF _____
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS Chemical
(Signed) Marvin Kernis, M. D.
, 19 (Address) Hardin, Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Hardin Cem DATE OF BURIAL Sep 2 1930

20. UNDERTAKER Jno W Kripschild ADDRESS Hardin Mo.

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.

