

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

Do not use this space.

9916

1. PLACE OF DEATH  
 County Ray Registration District No. 740  
 Township Crooked river Primary Registration District No. 4442  
 City Hardin (No. ....) St. .... Ward (....)

2. FULL NAME Robert Albert 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 Male  
 4. COLOR OR RACE white  
 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Emma E Gordon  
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 9 - 1875  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
55' 1 9  
 8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work. Railroading  
 (b) General nature of industry, business, or establishment in which employed (or employer) .....  
 (c) Name of employer .....

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Jersey  
 10. NAME OF FATHER John Gordon  
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Don't no  
 12. MAIDEN NAME OF MOTHER Don't no  
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Don't no

14. INFORMANT Emma E Gordon  
 (Address) Hardin Mo

15. FILED Apr 10 1930 Geo. W. Kuipschield  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 7 18 1930  
 17. I HEREBY CERTIFY, That I attended deceased from Mar 8, 1930, to Mar 18, 1930, that I last saw ~~her~~ alive on Mar 15, 1930, and that death occurred, on the date stated above, at 5 P. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Heart Block, probably Embolism 92.5  
 (duration) 1.5 yrs. mos. ds.  
 CONTRIBUTORY Mitral Regurgitation  
 (SECONDARY) (duration) 2 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED?  
 IF NOT AT PLACE OF DEATH .....  
 DID AN OPERATION PRECEDE DEATH? no DATE OF .....  
 WAS THERE AN AUTOPSY? no  
 WHAT TEST CONFIRMED DIAGNOSIS Clinical  
 (Signed) Marvin Brown, M. D.  
 (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 Wakenlow Cem DATE OF BURIAL 3-20 1930

20. UNDERTAKER Geo W Kuipschield 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.

1944

1944

1944

1944

1944

1944

1944

1944

1944

1944

1944

1944

1944

1944

1944

1944

1944

1944

1944

1944

1944