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

Do not use this space.

35443

1. PLACE OF DEATH

County Ray

Township Richmond

City Richmond (No.)

Registration District No. 744

Primary Registration District No. 3035

File No. 82

Registered No. 82

St. Ward)

2. FULL NAME Allen 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 Male

4. COLOR OR RACE Black

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 16-1898

7. AGE YEARS 33 MONTHS 1 DAYS 1 IF LESS than 1 day, ...hrs. or ....min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Richmond Mo.,

FATHER

13. NAME Sam Gordon

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Henrietta Mo.,

MOTHER

15. MAIDEN NAME Lou Gordon

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Toys Gordon Richmond Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Sunny Slope DATE 10-19 1931

19. UNDERTAKER (ADDRESS) A. W. Mansur Richmond Mo.

20. FILED 10-18- 19 E. E. Fay Registrar.

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2. MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 17 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct 10, 1931, to Oct 17, 1931.

I last saw him alive on Oct 17 15, 1931. Death is said to have occurred on the date stated above, at 3 p.m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Acute Dilatation of Heart 95B 106DC

Other contributory causes of importance: Bronchitis

Name of operation Date of

What test confirmed diagnosis? No 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. E. Fay M.D.

(Address) Richmond Mo.