

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

Do not use this space.

31027

**1. PLACE OF DEATH**

County Licking Registration District No. 962 File No. \_\_\_\_\_  
Township Shiloh Primary Registration District No. 2677 Registered No. 10  
City \_\_\_\_\_ (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

John James Orr  
(a) Residence \_\_\_\_\_ 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

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

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Marquet Caroline Orr

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 22, 1845

7. AGE	YEARS			IF LESS than 1 day, hrs. or min.
	YEARS	MONTHS	DAYS	
	83	2	1	

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

9. BIRTHPLACE (CITY OR TOWN) Gainesville Ohio  
(STATE OR COUNTRY) Ohio

10. NAME OF FATHER John James Orr

11. BIRTHPLACE OF FATHER (CITY OR TOWN) \_\_\_\_\_  
(STATE OR COUNTRY) Ireland

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown  
(STATE OR COUNTRY) \_\_\_\_\_

14. INFORMANT M. J. P. Orr  
(Address) Shiloh Mo.

15. FILED 9-20-28 W. L. White REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept. 23, 1928

17. I HEREBY CERTIFY, That I attended deceased from Sept 19, 1928, to Sept 23, 1928 that I last saw him alive on Sept 22, 1928, and that death occurred, on the date stated above, at \_\_\_\_\_.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Dysentery and enteritis  
126  
11.2.28  
1928  
(duration) yrs. mos. 4 da.

CONTRIBUTORY (SECONDARY) Biliary Calculi  
(duration) 10 yrs. mos. da.

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) W. A. Snipe, M. D.  
9-24-19 (Address) Wheeling 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 Mo Pleasant DATE OF BURIAL 9-24-1928

20. UNDERTAKER P. M. Marshall ADDRESS Shiloh 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.

*See Snipe.*

