

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

Do not use this space.

31112

1. PLACE OF DEATH

County Jasper County Registration District No. 408
Township Marion Primary Registration District No. 3070
City Carthage, Mo. (No. Carthage)

File No.
Registered No.
St. Ward

2. FULL NAME

Ferdinand Marion Orloff

(a) Residence, No. 1511 Forrest St., 5 Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PART

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (Use the word) <u>Married</u>
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mayme Morris Orloff

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 10-13-1904

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day,hra. ormin.
<u>19</u>	<u>11</u>	<u>16</u>		

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Labor
(b) General nature of industry, business, or establishment in which employed (or employer) Independent Contractor
(c) Name of employer Thouls Co

9. BIRTHPLACE (CITY OR TOWN) Greenfield Mo
(STATE OR COUNTRY)

10. NAME OF FATHER Ferdinand Orloff

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Germany
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Mary E. Markham

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) New York
(STATE OR COUNTRY)

14. INFORMANT Jay Orloff
(Address)

15. FILED 10/21/29 Carthage, Mo.
REGISTRAR

MEDICAL CERTIFICATE

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 2 1929

17. I HEREBY CERTIFY, That I attended deceased from 19..... to 19..... that I last saw him alive on 19..... and that death occurred, on the date stated above, at 8:15 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Fractured Skull caused by falling from motor car in motor accident
2:10 (duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY) Stroke
1920 (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED 1885

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF 2/16

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) James F. Tutman Coroner, M. D.

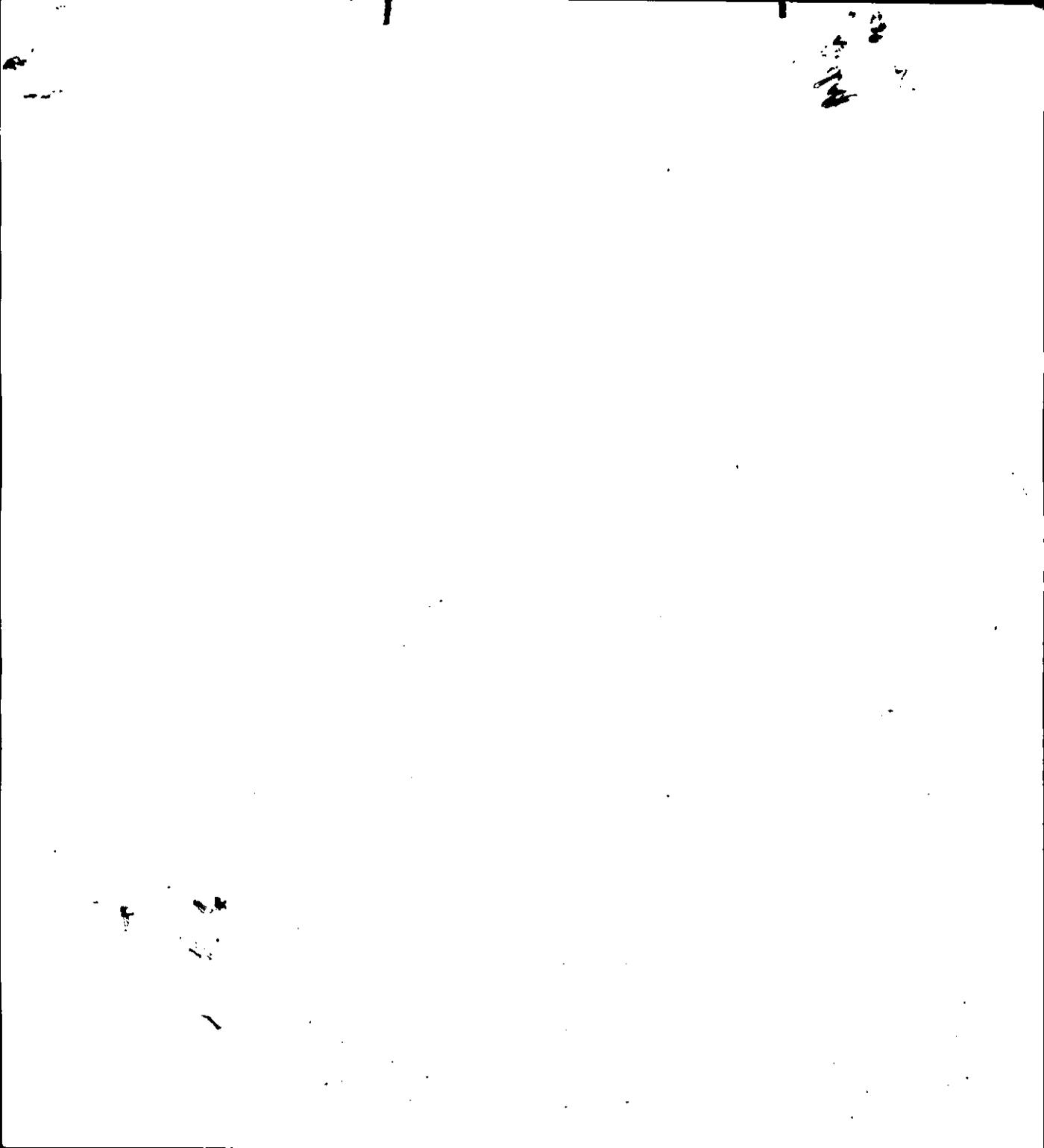
Sept 2 1929 (Address) Carthage Mo.

*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 Park Cem DATE OF BURIAL Oct. 2 1929

20. UNDERTAKER Wm - Drake ADDRESS Carthage 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.



OFFICE 704 GRANT ST.

DR. KETCHAM

CARTHAGE, MISSOURI

Sept 29 - 1929
BOTH PHONES 261

R For _____ No. _____

This accident happened on the highway in Newton County. He became nauseated and in order to vomit, opened the door of the sedan in which he was riding. He fell out, fractured his skull and was brought to the Carthage Hospital where he died as stated of his injuries.

Date _____ Reg. No. 4582

S-31112
(1929)