MAY 27 1930

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

Do not use this space.

13745

~~13696~~

1. PLACE OF DEATH
County St Charles — Registration District No. 760 — File No.
Township Dardenne — Primary Registration District No. 6001 — Registered No. 137
City ~~Dallas~~ (No. ..... St. ..... Ward)

2. FULL NAME Leonard A. Orf.
(a) Residence. No. Dallas Mo. St., ... Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 1 yrs. ✓ mos. ✓ ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
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~~ Mrs. Elizabeth Orf.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 10-1859

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, X hrs. or ___ min.
70	6	28	

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

9. BIRTHPLACE (CITY OR TOWN) St Charles Co Mo.
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER: Joseph Orf
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Germany
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER: Not Known
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Germany
(STATE OR COUNTRY)

14. INFORMANT Per Val C. Orf
(Address) Eak St Charles Mo

15. FILED 5/9/ 1930 Dr. J. M. Jenkins
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

1

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr 8 - 1930

17. I HEREBY CERTIFY, That I attended deceased from Dec 6, 1930, to Apr 8, 1930, that I last saw him alive on Apr 8, 1930, and that death occurred, on the date stated above, at 10.30 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Interstitial Nephritis
131 (duration) Indefinite yrs. mos. ds.

CONTRIBUTORY (SECONDARY) ✓
(duration) yrs. mos. ds.

1294

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?
0 DID AN OPERATION PRECEDE DEATH? No. DATE OF ✓
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Usual
(Signed) L. H. Rosmeyer, M. D
, 19 (Address) O'Fallon 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~~ Dallas Mo. — DATE OF BURIAL 4/11 1930

20. UNDERTAKER E. A. Keithly — ADDRESS Dallas Mo.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.