MAY 23 1930

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

Do not use this space.

15665

1. PLACE OF DEATH
County Cole
Township
City Jefferson (No. ..... St. ..... Ward)
Registration District No. 213
Primary Registration District No. 3014
File No.
Registered No. 1 30

2. FULL NAME Martha Orchard
(a) Residence. No. 208 Chestnut St., ... Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Orchid

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr 5 - 1855

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
74	5	1	

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

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

PARENTS
10. NAME OF FATHER Ezekiel Hall
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Mo
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Rebecca Martin
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Mo
(STATE OR COUNTRY)

14. INFORMANT Jas Forbis
(Address) Tebbetts Mo

15. FILED 5/12, 1930 S. V. Bedford REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 6 1930

17. I HEREBY CERTIFY, That I attended deceased from Apr 15, 1930, to May 6, 1930 that I last saw her alive on May 4 1930 and that death occurred, on the date stated above, at 2 30 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral hemorrhage
92A
97
(duration) ..... yrs. ..... mos. 7 ds.

CONTRIBUTORY (SECONDARY) Arteriosclerosis
(duration) 4 yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
(1) DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Spley pneumonia
(Signed) J. Bryce, M. D.
May 7 1930 (Address) Jefferson City 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 Farmer Cem
DATE OF BURIAL 5/8 1930

20. UNDERTAKER Lawson & Farmer
ADDRESS JC 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.