

NOV 21 1930

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

Do not use this space.

32370

1. PLACE OF DEATH

County Chariton
Township Chariton
City (No. _____) _____

Registration District No. 175
Primary Registration District No. 5248

File No. _____
Registered No. 60
St. _____ Ward _____

2. FULL NAME

Fred Oreal

(a) Residence No. _____ St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred life 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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Charles Oreal

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 27, 1903

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
27 3 13

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) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Forest Green Mo.
(STATE OR COUNTRY)

10. NAME OF FATHER Edward Lenting

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

12. MAIDEN NAME OF MOTHER Louise Sanders

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

14. INFORMANT Charlie Oreal
(Address) Forest Green Mo.

15. FILED 10/10 19. 30 W. H. Starkins
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 10 - 10 1930

17. I HEREBY CERTIFY, That I attended deceased from 9 10 1930 to 10 - 10 9 1930 that I last saw him alive on 10 - 9 1930, and that death occurred, on the date stated above, at 3:30 am.

THE CAUSE OF DEATH WAS AS FOLLOWS:
Typhoid Fever
1930

(duration) _____ yrs. _____ mos. _____ ds.
CONTRIBUTORY (SECONDARY) Intestinal Hemorrhage
(duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED
NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____
WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) W. B. Kitchen M. D.

10 - 10 1930 (Address) Glasgow 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 Salomon Cemetery Forest Green Mo. DATE OF BURIAL Oct 12 1930

20. UNDERTAKER Vandiver & Audsley Glasgow Mo. ADDRESS

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.

