NOV 28 1930

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

Do not use this space.

1. PLACE OF DEATH
County Washington
Township Breton
City ..... (No. ....., ... St. ..... Ward)

Registration District No. 887
Primary Registration District No. 6179

File No. 35213
Registered No. 79

2. FULL NAME Percy R. Orr

(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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 31 - 1904

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	26	1	19	

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

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

PARENTS
10. NAME OF FATHER Elijah Orr
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Crawford Co
(STATE OR COUNTRY) Mo
12. MAIDEN NAME OF MOTHER Addie Degonia
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Potosi
(STATE OR COUNTRY) Mo

14. INFORMANT Addie Orr
(Address) Potosi, Mo

15. FILED 10-21, 1930 Jos. L. Thurman REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 20 - 1930

17. I HEREBY CERTIFY, That I attended deceased from Oct 8, 1930, to Oct. 20 - 1930 that I last saw him alive on Oct 20, 1930, and that death occurred, on the date stated above, at 9:45 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Typhoid Fever

(duration) ..... yrs. ..... mos. 16 ds.

CONTRIBUTORY (SECONDARY)

(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED?
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? ..... DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) S. F. Thurman, M. D.
10-21, 1930 (Address) Potosi, 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	DATE OF BURIAL
Herculaneum, Mo	10-22-1930

20. UNDERTAKER Sparks & Sparks ADDRESS Potosi

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.