

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

Do not use this space.

35659

PLACE OF DEATH

County Clinton

Registration District No. 207

Township Concord

Primary Registration District No. 15786

City

(No. R. F. D. #2, Plattsburg Missouri)

File No. 15

Registered No. 36

St. _____ Ward _____

2. FULL NAME Etta Beatrice Orr

(a) Residence. No. R. F. D. #2 Plattsburg 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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

2 MEDICAL CERTIFICATE OF DEATH

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
James Q. Orr

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **March 18, 1898**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
32 7 18

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work **House-wife**

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer **Own Home**

9. BIRTHPLACE (CITY OR TOWN) **Caldwell County Missouri**

10. NAME OF FATHER **Charles O. Hall**

11. BIRTHPLACE OF FATHER (CITY OR TOWN) **Clinton County Missouri**

12. MAIDEN NAME OF MOTHER **Addie Thacker**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) **Ray County Missouri**

14. INFORMANT **James Q. Orr**
(Address) **RFD #2 Plattsburg Mo.**

15. FILED 11/7 1930
REGISTRAR

15. DATE OF DEATH (MONTH, DAY AND YEAR) **November 6 19 30**

17. I HEREBY CERTIFY, That I attended deceased from Jan 2 1930, to Jan 6 1930 that I last saw h. or alive on Jan 6 1930, and that death occurred, on the date stated above, at 9/45 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Poleomyelitis Acute, respiratory type
Used in a ... of acute ... (duration) ... ds.
anterior (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? **no** DATE OF _____

WAS THERE AN AUTOPSY? **no**

WHAT TEST CONFIRMED DIAGNOSIS **respiratory Paralysis**

(Signed) **P.M. Steckman** M. D.

Nov. 7 . 19 30 (Address) **Plattsburg 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

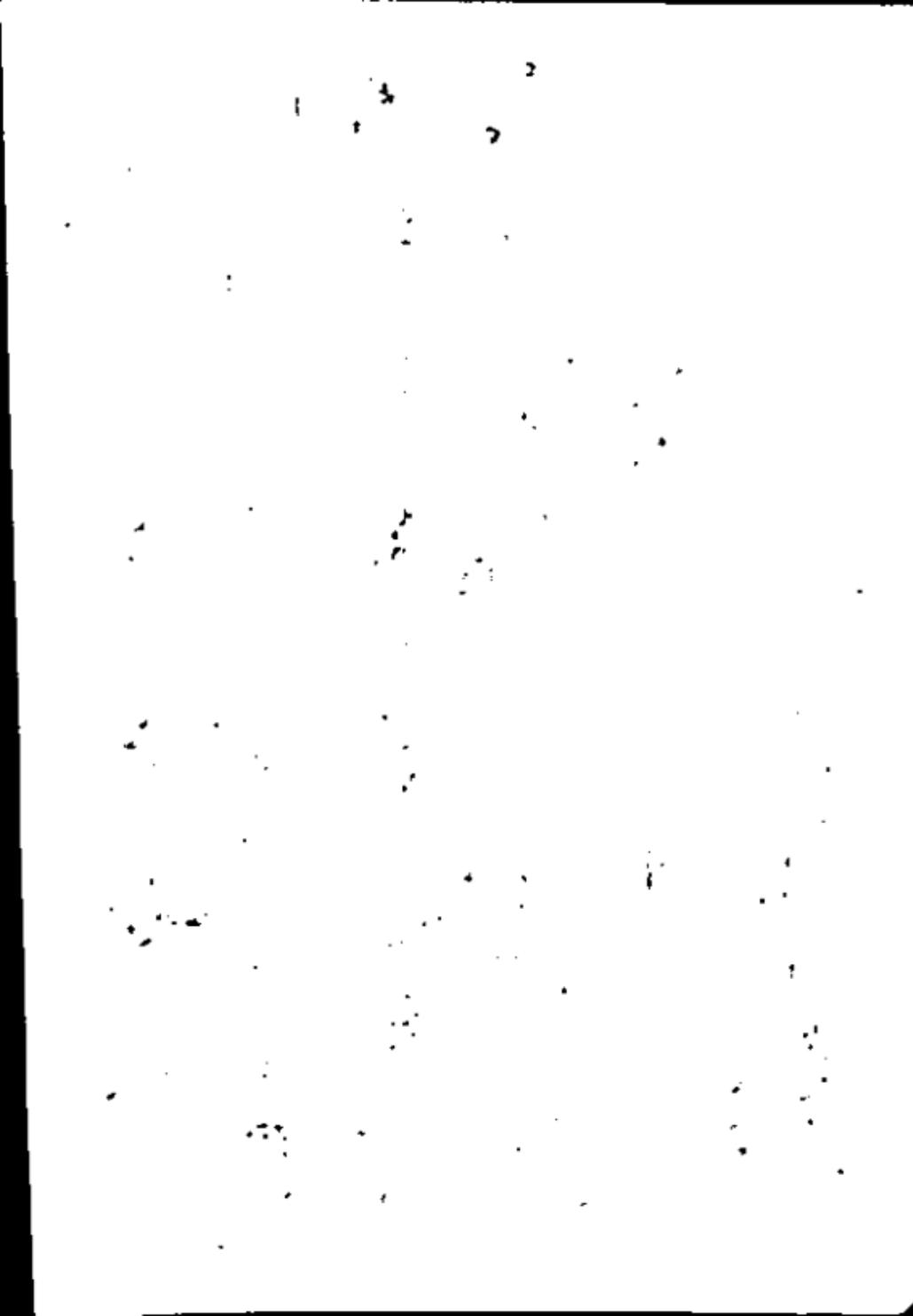
P.M. Walnut Grove Church Cemetery DATE OF BURIAL **Nov. 8 19 30**

20. UNDERTAKER **H.C. Sidenfaden** ADDRESS **1802 Union St. St. Joseph Mo.**

GROUP OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Is the cause of death
as given, used
as a synonym of
acute anterior
Poliomyelitis 2

Yes.
~~Whelan~~



Name: Etta Beatrice Orr
Who died at: Clinton Co., Mo. on Nov. 6, 1930,
Residence: No. Concord St. north of Hattiesburg, Mo.
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years about 7 Months _____ Days _____

Sex: F Color or race: W Single, married, widowed or divorced: _____

Date of birth: March 8, 1898 Age: Years 32 Months 7 Days 18

Occupation: (a) Trade former wife (b) Industry: Farming

Birthplace (State or country) Clinton Co. Mo

Birthplace of father (State or country) Mo 22

Birthplace of mother (State or country) Mo

CAUSE OF DEATH: (Anterior) Poliomyelitis acute, respiratory type

Contributory: Paralysis of respiratory organs

Where was disease contracted? at home

Did operation precede death? No Date of _____

Was there an autopsy? No What test confirmed diagnosis? Respiratory culture

Name of physician: Dr. J. M. Deckman

Address of physician: Hattiesburg, Mo

