

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

Do not use this space.

396

1. PLACE OF DEATH

County Carroll Registration District No. 134
 Township Ridge Primary Registration District No. 4075
 City Superior (No.) St. Ward)

2. FULL NAME Mrs. Mildred J. 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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec-16-1844

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
87 15

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housekeeper

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois 2

13. NAME John Cook

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) North Carolina

15. MAIDEN NAME Mary Kennedy

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT (ADDRESS) Edgar Orr
2 Shawnee Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Big Creek Cemetery DATE Jan-2 1932

19. UNDERTAKER (ADDRESS) Jonas Shepard
Baseworth Mo.

20. FILED Jan 2 1932 Mrs. Basal Brown
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 1st 1932

22. I HEREBY CERTIFY That I attended deceased from Dec 21 1931 to Jan 1 1932

I last saw her alive on Dec 31 1931 Death is said

to have occurred on the date stated above, at 7:30 a.m.

The principal cause of death and related causes of importance were as follows:

Capillary Bronchitis Date of onset

10 TB

10 MB

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?..... Date of injury..... 19.....

Where did injury occur?..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury..... Nature of injury..... (1)

24. Was disease or injury in any way related to occupation of deceased?.....

If so, specify

(Signed) W. B. Brown, M. D.

(Address) Baseworth 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.

FEB 23 1932

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

