

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

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.

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MAR 22 1932

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

Do not use this space.

Dr. *Francis*
4312 *camp*

1. PLACE OF DEATH
 County *Greene* Registration District No. *318*
 Township *Jefferson* Primary Registration District No. *2001*
 City *Springfield, Mo.* No. *716 N. Jefferson* St. _____ Ward _____
 2. FULL NAME *Orville E. Gorman*
 (a) Residence, No. *716 N. Jefferson* St. _____ Ward _____
 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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *male* 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 *Alice Gorman*
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *April 22-1867*
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min. *64 9 23*
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Lawyer*
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *206*
 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) *Galena 2 Illinois*
 MOTHER / FATHER 13. NAME *Joseph Lewis Gorman*
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Mo.*
 15. MAIDEN NAME *Clara Stenerson*
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Unknown 31*
 17. INFORMANT *Orville E. Gorman* (ADDRESS) *Springfield, Mo.*
 18. BURIAL, CREMATION, OR REMOVAL PLACE *Marionville, Mo.* DATE *Feb. 16 1932*
 19. UNDERTAKER *Alvin Tompkins & Son* (ADDRESS) *534 St. Louis St.*
 20. FILED *2-16 1932* *Lon Sharp* Registrar.

1. MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *2-15 1932*
 22. I HEREBY CERTIFY, That I attended deceased from *June 6 1929* to *Feb 15 1932*
 I last saw h. *in* alive on *Feb. 14 1932* Death is said to have occurred on the date stated above, at *7 a.m.*
 The principal cause of death and related causes of importance were as follows:
ch Myocarditis - Arteriosclerotic Date of onset *9:30*
 Other contributory causes of importance: *930*
 Name of operation *none* 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 _____
 24. Was disease or injury in any way related to occupation of deceased? *no*
 If so, specify _____
 (Signed) *Dr. Camp*
 (Address) *413 Holland Bldg - Springfield* M. D.

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