

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

Do not use this space.

13624

1. PLACE OF DEATH

89 County Ray Co Registration District No. 739
Township Caluden Primary Registration District No. ~~4444~~
City..... (No. 5979)..... St. Ward.....

2. FULL NAME Kate Olive Orr

(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, OR DIVORCED (write the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND-OF (OR) WIFE OF Atison Orr

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9/22/1861

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
70 6 14

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Data 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) Leon Iowa 2

FATHER
13. NAME Uri Metcalf 9

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa

MOTHER
15. MAIDEN NAME Jane Macfarland

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know?

17. INFORMANT Louise Craver
(ADDRESS) Camden Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Bever Mo DATE 4/18 1932

19. UNDERTAKER Ortman
(ADDRESS) Orreck Mo

20. FILED 4-16 1932 W W Burgess
Registrar.

3. MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/16 1932
22. I HEREBY CERTIFY, That I attended deceased from Dec 29 1931 to April 16 1932
I last saw her alive on April 10 1932. Death is said to have occurred on the date stated above, at 3 P m.
The principal cause of death and related causes of importance were as follows:

Organic Heart Disease
Sclerosis of Cord
Causing paralysis of legs

Other contributory causes of importance:
91A
95B ✓
82D ✓

Name of operation..... Date of.....
What test confirmed diagnosis?..... 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) Robt. Sheets M. D.
(Address) Orreck 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. MAY 28 1932

