

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

Do not use this space.

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1. PLACE OF DEATH

55 Count Laurence
Township
5 City Pierce City

Registration District No. 471
Primary Registration District No. 4284

File No. _____
Registered No. 22
St. _____ Ward _____

2. FULL NAME

Mary Regina Orvick

(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 A 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Deceased

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 1 - 1896

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
36 21

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 48

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 129

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) Bary Co. 1

13. NAME Aug Bruneau

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 10

15. MAIDEN NAME Lola Carter

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sweden 11

17. INFORMANT Ms E. Howard (ADDRESS) Pierce City Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE City Cemetery DATE June 28, 1932

19. UNDERTAKER W. Merrill Jr. (ADDRESS) Pierce City Mo

20. FILED 6/27 1932 H. Ross Clark Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 27, 1932

22. I HEREBY CERTIFY That I attended deceased from April 7th, 1932 to June 27th, 1932
I last saw her alive on June 27th, 1932. Death is said to have occurred on the date stated above, at 11:00 a.m.

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

Sarcoma of cervix Date of onset unknown

Other contributory causes of importance: Peritonitis due to rupture of pouch from sarcoma

Name of operation _____ Date of _____
What test confirmed diagnosis? Phys findings Was there an autopsy? yes

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) Charles S. Moore M.D.
(Address) Pierce City 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.

JUN 25 1932

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