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.

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

Do not use this space.

42348

JAN 26 1934

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1. PLACE OF DEATH
County Texas — Registration District No. 867 — File No.
Township Roubidoux — Primary Registration District No. 6147 — Registered No.
City Plato (No. , St. Ward)

2. FULL NAME Ethel Marie Ormsbee

(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, WIDOWED, OR DIVORCED (write the word): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 15. 1933

7. AGE — YEARS — MONTHS — DAYS 2 — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
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) Plato Missouri

FATHER
13. NAME Carl L. Ormsbee
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Plato Mo

MOTHER
15. MAIDEN NAME Mabel O. Carter
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Texas Co. Mo.

17. INFORMANT (ADDRESS) Carl L. Ormsbee

18. BURIAL, CREMATION, OR REMOVAL
PLACE Central Grave Yd DATE Dec 18, 1933

19. UNDERTAKER (ADDRESS) None

20. FILED 12-17, 1933 R. B. Tilley Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 17th, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 15th, 1933, to Dec 17th, 1933
I last saw her alive on Dec 15th, 1933. Death is said to have occurred on the date stated above, at 12 m.
The principal cause of death and related causes of importance were as follows:

Acute Indigestion — Date of onset

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Other contributory causes of importance:

Name of operation — Date of
What test confirmed diagnosis? — Was there an autopsy?

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?
If so, specify
(Signed) Robt B. Tilley, M. D.
(Address) Plato, Mo.