

MAR 24 1934

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

Do not use this space.

5548

1. PLACE OF DEATH

35  
4  
County Lawrence Registration District No. 467  
Township Aurora Primary Registration District No. 4280  
City Aurora (No. 211 - East Church) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Charlotte T Orr

(a) Residence, No. 211 East Church 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 Female 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 William Orr

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 15 - 1851

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
82 3 0

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. 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) White County Illinois

FATHER 13. NAME ? - Rice

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not Known

MOTHER 15. MAIDEN NAME Not Known

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not Known

17. INFORMANT O. A. Sikes  
(ADDRESS) Aurora Mo

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Aurora Mo DATE Feb. 16, 1934

19. UNDERTAKER King Funeral Home  
(ADDRESS) Aurora Mo

20. FILED 3/6, 1934 R. H. Leonard  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 15, 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec. 15, 1933, to Feb 10, 1934  
I last saw her alive on Feb 10, 1934 Death is said to have occurred on the date stated above, at 10.05 A.  
The principal cause of death and related causes of importance were as follows:

Sexuality  
162  
162  
Other contributory causes of importance:  
Date of onset

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) J. H. Smith, M. D.  
(Address) 121 West Pleasant  
Aurora Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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