

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.

1. PLACE OF DEATH

County Jackson Registration District No. 397
Township W Primary Registration District No. 1002
City Waco (No. 1001)

13154

File No. _____
Registered No. 1003
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 130 Wabash 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 FE 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 6, 1909

7. AGE YEARS 24 MONTHS 10 DAYS 17²¹ If LESS than 1 day, hrs. or min.

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

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) Atchafalpa Louisiana

13. NAME Tred Kelle

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

15. MAIDEN NAME Maude Quire

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas

17. INFORMANT (ADDRESS) Louis Orlando

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill DATE 4/30

19. UNDERTAKER (ADDRESS) Capetina K. C. King

20. FILED 4-29-34 Registrar Waco

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/27/34

22. DECEASED (Name) Maude Quire stated deceased from _____ to _____, 19____

I last saw him/her alive on _____, 19____. Death is said to have occurred on the date stated above at _____ m.

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

suicide by poison
Fluoride poisoning

Other contributory causes of importance: 163

Name of operation _____ Date of _____
What test confirmed diagnosis Autopsy Was there an autopsy yes

23. If death was due to external causes (Violence), fill in also on following: Accident, suicide, or homicide. State of injury _____

Where did injury occur Waco, Texas (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Took own poison
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) [Signature]
(Address) [Address]

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