

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

Do not use this space.

FEB 8 1935

2205

1. PLACE OF DEATH

County New Madrid
 Township Cross
 City Parma (No.)

Registration District No. 605
 Primary Registration District No. 4359

File No.
 Registered No.
 St. Ward

2. FULL NAME

Jesse Franklin Orr Jr

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 29, 1932

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
2 0 6

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. mil
 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) Mo

FATHER
 13. NAME Jesse Orr, Sr

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

MOTHER
 15. MAIDEN NAME Dorris Hook

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

17. INFORMANT (ADDRESS) Jesse Orr Sr
Parma Mo

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Parma DATE Jan 5 1935

19. UNDERTAKER (ADDRESS) J.C. Knuefer
Parma

20. FILED 1-4 1935 Dr. Gertrude
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 4 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 15 1934 to Jan 4 1935

I last saw him alive on Jan 3 1935 Death is said to have occurred on the date stated above, at 29 m.

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

Streptococcus sore throat Date of onset
Probably non-epidemic

Other contributory causes of importance:
Lymphadenitis
Whooping cough

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

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 Dr. Gertrude

(Signed) Dr. Gertrude, M. D.

(Address) Parma, Mo

