

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.

1935

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

Do not use this space.

23843

1. PLACE OF DEATH

County Montgomery  
Township Wellsville  
City Wellsville (No.     )

Registration District No. 595  
Primary Registration District No. 43-53

File No. 9  
Registered No. 9  
St.      Ward     

2. FULL NAME

(a) Residence, No.      St.      Ward       
(Usual place of abode)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF James R. Orrell  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 24-1883  
7. AGE YRS. 52 MONTHS 3 DAYS 10 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. same  
10. Date deceased last worked at this occupation (month and year)      11. Total time (years) spent in this occupation     

12. BIRTHPLACE (CITY OR TOWN) Warren Co Mo (STATE OR COUNTRY)

FATHER 13. NAME John Brown

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

MOTHER 15. MAIDEN NAME Mercena Furman

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

17. INFORMANT Frank Orrell (ADDRESS) Warren Co Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Wellsville Mo DATE 7-6-35

19. UNDERTAKER H. B. Feltz (ADDRESS) Wellsville Mo

20. FILED July 6, 1935 Mrs. Mike Mc Dermott Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 5, 1935

22. I HEREBY CERTIFY that I attended deceased from June 10, 1935, to July 5, 1935. I last saw him alive on July 4, 1935. Death is said to have occurred on the date stated above, at 2 P. M.

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

Myocarditis and  
myocardial degeneration  
Arteriosclerosis  
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) J. W. Byrnes M. D.  
(Address) Wellsville Mo

