

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

Do not use this space.

ST 28 1935

31482

**1. PLACE OF DEATH**

County.....St. Louis..... Registration District No. 1123  
 Township..... Primary Registration District No. 6248B  
 City.....Jefferson Barracks (No. Veterans Administration Facility.....St. .... Ward)

File No. ....  
 Registered No. 333

**2. FULL NAME** Orla TEAVER,

(a) Residence, No. Lebanon, Missouri St., ..... Ward. ....  
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred Un yrs. kn mos. OWtds. How long in U. S., if of foreign birth? - yrs. - mos. - ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 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 Unavailable

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) November 8, 1894

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....mts.  
40 10 12

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unavailable

10. Date deceased last worked at this occupation (month and year) Unav. 11. Total time (years) spent in this occupation Unav.

12. BIRTHPLACE (CITY OR TOWN) Lebanon, (STATE OR COUNTRY) Mo.

MOTHER FATHER 13. NAME King Teaver

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

15. MAIDEN NAME Nora ?

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

17. INFORMANT W. C. Gibson, M. D., Chief Med. Officer (ADDRESS) Vet. Adm. Facility, Jefferson Barracks, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Lebanon, Mo. DATE Sept. 21, 1935

19. UNDERTAKER C. Hoffmeister & Co. (ADDRESS) 781 1/2 S. Broadway

20. FILED Sept 21, 1935 L. Mowrey Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) September 20, 1935

22. I HEREBY CERTIFY, That I attended deceased from August 31, 1935, to September 20, 1935

I last saw h. i. m. alive on September 20, 1935 Death is said to have occurred on the date stated above, at 11:30 a. m.

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

Meningitis, luetic Date of onset Unk.

Other contributory causes of importance: General Paralysis of the Insane Unk.

Name of operation None Date of .....  
Physical, laboratory and  
 What test confirmed diagnosis? clinical findings. Was there an autopsy? No.

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) W. C. Gibson, M. D., Chief Med. Officer D. (Address) Vet. Adm. Facility, Jefferson Barracks, Mo.

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.

