

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.

NOV 18 1935

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

Do not use this space.

31730

1. PLACE OF DEATH  
County Adair Registration District No. 4  
Township Salt River Primary Registration District No. 5001  
City (No. St. Ward)

File No.  
Registered No. 189

2. FULL NAME Mrs Vivian Gay Orue  
(a) Residence, No. St. Ward.  
(Usual place of abode)  
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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>F.</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Norman Orue</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 16" 1910</u>		
7. AGE YEARS <u>25</u>	MONTHS <u>2</u>	DAYS <u>22</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>		11. Total time (years) spent in this occupation <u>7 1/2</u>
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) <u>Oct 7" 1935</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Adair Co. Mo.</u>		
13. NAME <u>Wm Gay</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Adair Co Mo.</u>		
15. MAIDEN NAME <u>Olive Selby</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Adair Co. Mo.</u>		
17. INFORMANT <u>Norman Orue</u> (ADDRESS) <u>Brush, Mo.</u>		
18. BURIAL, CREMATION OR REMOVAL PLACE <u>Brush County</u> DATE <u>10/10"</u> 19 <u>35</u>		
19. UNDERTAKER <u>J. P. Emery</u> (ADDRESS) <u>Brush, Mo.</u>		
20. FILED <u>Oct 15</u> 19 <u>35</u> <u>Spencer Greeman</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 8" 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb, 1930 to Oct, 1935  
I last saw her alive on Oct 2, 1935. Death is said to have occurred on the date stated above, at 6:30 P.M.  
The principal cause of death and related causes of importance were as follows:  
Perenic poisoning during pregnancy death tuberculosis soon after childbirth  
Date of onset

Other contributory causes of importance:  
(Nephritis, acute, puerperal)

Name of operation..... Date of.....  
What test confirmed diagnosis?..... 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 by 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? No  
If so, specify.....  
(Signed) H. M. Hays, M. D.  
(Address) Brush, Mo.

