

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.

NOV 26 1935

1. PLACE OF DEATH

County Monroe  
Township Marion  
City (No. ....) .....

Registration District No. 579  
Primary Registration District No. 5776 13

File No. 33414  
Registered No. ....  
St. .... Ward .....

2. FULL NAME Charles Edward Orr,

(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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF #				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept. 30, 1935</u>				
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>0</u>	<u>0</u>	<u>1</u>	

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

MOTHER FATHER 13. NAME William Durward Orr.

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

15. MAIDEN NAME Dorothy Lee Leener,

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Madison, Mo.

17. INFORMANT William Durward Orr, (ADDRESS) Cairo, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Alexander, Female Oct. 1 1935

19. UNDERTAKER No undertaker. (ADDRESS)

20. FILED Nov 1 1935 W. W. Eubank Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 1, 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 30 1935 to Oct 1 1935

I last saw him alive on Oct 1 1935 Death is said to have occurred on the date stated above, at 7:30 a.m.

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

Premature birth

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? no  
If so, specify ...  
(Signed) Benj. S. Jolly, M. D.  
(Address) Moberly, Mo.

