OCT 21 1936

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

Do not use this space.

34780

1. PLACE OF DEATH

County Jasper — Registration District No. 419

Township McDonald — Primary Registration District No. 5523

City ..... (No. Route 2, Reeds St. ..... Ward)

File No. .....

Registered No. .....

2. FULL NAME Orin E. Getlinger

(a) Residence, No. Route 2, Reeds St., ... Ward. .....
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 29, 1885

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
50	9	3	

OCCUPATION

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

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) New London (STATE OR COUNTRY) Wisconsin

FATHER

13. NAME William Getlinger

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

MOTHER

15. MAIDEN NAME Paulina Otto

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

17. INFORMANT Mrs. Orin E. Getlinger (ADDRESS) R#1 Reeds, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE New London, Wis DATE Sept. 18, 1936

19. UNDERTAKER The Ulmer Funeral Home (ADDRESS) Carthage, Missouri

20. FILED Sept 22, 1936 Mrs. W. A. Hall Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 17, 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 17, 1936, to Sept 17, 1936, I last saw ..... alive on Sept 17, 1936. Death is said to have occurred on the date stated above, at ..... m.

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

	Date of onset
Acute - Cardiac	
Chronic Endocarditis	
Mitral insufficiency	

Other contributory causes of importance:

Arthritis of Rheumatism

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) [illegible] M. D.

(Address) [illegible]

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.

100M-11-24-33