

JAN 29 1937

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

Do not use this space.

1. PLACE OF DEATH

County Cole  
Township \_\_\_\_\_  
City Jefferson (No. \_\_\_\_\_)

Registration District No. 213  
Primary Registration District No. 3014

File No. 44191  
Registered No. 352  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Mrs. Margaret H. Orchard

(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>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>George C. Orchard</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept-26-1867</u>		
7. AGE	YEARS	MONTHS
	<u>69</u>	<u>2</u>
		DAYS
		<u>28</u>
		If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</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) _____	11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mora, Ills.

13. NAME Hugh Smith

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

15. MAIDEN NAME Anna Wapler

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) \_\_\_\_\_

17. INFORMANT Irene M. Orchard  
(ADDRESS) Jefferson City, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Poplar Bluff, Mo DATE Dec- 1936

19. UNDERTAKER W. W. Rankin  
(ADDRESS) Jefferson City, Mo

20. FILED 12/25/36 1936 W. B. Bradford Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/24/1936

22. I HEREBY CERTIFY, That I attended deceased from on 12-24, 1936, to \_\_\_\_\_, 19\_\_\_\_  
I last saw h. \_\_\_\_\_ alive on 12/24/1936. Death is said to have occurred on the date stated above, at 7:55 AM.  
The principal cause of death and related causes of importance were as follows:

arterio-sclerotic heart disease

Date of onset \_\_\_\_\_

Other contributory causes of importance:

hypertension

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violen. or fall in also the following: Accident, suicide, or homicide \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
Where did injury occur? \_\_\_\_\_  
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. W. Rankin, M. D.  
(Address) Jefferson City, Mo

