NOV 24 1937

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

Do not use this space.

File No. 38910

Registered No. 38

1. PLACE OF DEATH

County: Saline

Registration District No. 744

Primary Registration District No. 4474

Township:

City: Slater (No. , St. Ward)

2. FULL NAME Joseph Henry Orear,

(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March, 15th, 1868

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69	7	6	

OCCUPATION

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

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

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) Pike Co. Mo.

FATHER

13. NAME B.F. Orear,

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

MOTHER

15. MAIDEN NAME Olive B. Dunn

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York

17. INFORMANT Mrs. Alice Pemberton
(ADDRESS) Slater Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Slater DATE Oct. 23, 1937

19. UNDERTAKER Jones and Salzer, Slater Mo.
(ADDRESS)

20. FILED Oct 22, 1937 W. Mitchell
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct, 21, 37. 19

22. I HEREBY CERTIFY, That I attended deceased from June 10, 1936 to Oct. 21, 1937
I last saw him alive on Oct. 21, 1937 Death is said to have occurred on the date stated above, at 9 P m.
The principal cause of death and related causes of importance were as follows:

Myocarditis. — Date of onset

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?
If so, specify

(Signed) O. W. Colwell, M. D.
(Address) Slater Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.