

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

Do not use this space.

JAN 17 1938

44073

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township St. Luke Hospital Primary Registration District No. 11002
City Kennett Mo. No. St. Luke Hospital St. _____ Ward _____

File No. _____
Registered No. 4976

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward Hamilton, Mo.
(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 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Elizabeth Orr
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 13, 1893
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 43 11 27

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. Farmer
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) Hamilton Missouri

MOTHER 13. NAME Chas. Orr

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Ia

MOTHER 15. MAIDEN NAME Bella Mc Daniel Ia

FATHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Ia

17. INFORMANT Elizabeth Orr

18. BURIAL, CREMATION, OR REMOVAL PLACE Hamilton DATE Dec 18 1937

19. UNDERTAKER (ADDRESS) St. Luke Hospital

20. FILED Dec 10, 37 M. M. Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 10 1937
22. I HEREBY CERTIFY, That I attended deceased from December 7 1937, to December 10 1937
I last saw him alive on December 10 1937 Death is said to have occurred on the date stated above, at 7 am.

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

Cerebral Hemorrhage (about) Date of onset 7 or 8, 1937
hypertension?
J. J. A.

Other contributory causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

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) J. C. Helwig M. D.
(Address) St. Luke Hospital Hamilton, Mo.

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.

