

JAN 20 1938

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

Do not use this space.

45973

1. PLACE OF DEATH

61 County Macon Registration District No. 533
 4 Township Macon Primary Registration District No. 3027
 City Macon (No. _____) St. _____ Ward _____

File No. _____
Registered No. 93

2. FULL NAME Kenneth Orbin

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

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>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF <u>Valita Miller</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 17 1910</u>		
7. AGE	YEARS <u>27</u>	MONTHS <u>7</u>
	DAYS <u>12</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>Russ Sewer</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>102</u>	
	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) <u>Macon Co. Mo. 1</u>		
FATHER	13. NAME <u>Stacy Orbin 2</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo. 1</u>	
MOTHER	15. MAIDEN NAME <u>Mattie Binder</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo. 1</u>	
17. INFORMANT (ADDRESS) <u>Mr Peale Miller Macon, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Macon</u> DATE <u>12-1-1937</u>		
19. UNDERTAKER (ADDRESS) <u>Stephens & Sudding Macon, Mo.</u>		
20. FILED <u>115</u> 1938 <u>Geo. K. Law</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 29 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 29, 1937, to Nov 29, 1937
 I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 3 P. m.
 The principal cause of death and related causes of importance were as follows:
Accidently shot himself with a 12 Gauge Shotgun in his garage Date of onset _____

Other contributory causes of importance: 184

Name of operation _____ Date of _____
 What test confirmed diagnosis? about Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? accident Date of injury Nov 29 1937
 Where did injury occur? at his home Macon, Mo. (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury at home
 Nature of injury shot in chest, back side of right leg
about 1 1/2 inches

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____
 (Signed) Doc West Coroner, M. D.
 (Address) New Orleans, La.

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.

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