

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

Do not use this space.

SEP 12 1939

29959

1. PLACE OF DEATH

County Pike Registration District No. 683 File No. _____
 Township Ashley Primary Registration District No. 6911 Registered No. 8
 City _____ (No. _____) St. _____ Ward _____

2. FULL NAME

610 Mrs Josephine Orf (Mrs Josephine Orf)
 (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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 30 1852

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
86 11 19

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

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) Josephville Missouri

13. NAME Peter Ruttger

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

15. MAIDEN NAME Don't know

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

17. INFORMANT (ADDRESS) Raymond Orf Bowling Green Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE St Clement Cem DATE Aug 22 1939

19. UNDERTAKER (ADDRESS) Mrs Grace Bankhead Bowling Green Mo

20. FILED Aug 23 1939 Mrs Lysa Moore Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-19 1939

22. I HEREBY CERTIFY, That I attended deceased from you, 1939, to 8-19-39, 19____
 I last saw him alive on 8-18-39, 19____ Death is said to have occurred on the date stated above, at 1:00 p.m.
 The principal cause of death and related causes of importance were as follows:
Apoplexy
g. 2. 11

Date of onset 8-18-39

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) T. H. Wilcox, M. D.

(Address) Bowling Green Mo

N. B.—Every item of information should be carefully supplied. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

RECEIVED

District Health Officer No. 10

District File Number 4-22-1522

Date Filed

SEP 5 1937