

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

Do not use this space.

20336

1. PLACE OF DEATH

76 County Crage Registration District No. 643
Township Jefferson Primary Registration District No. 3-832
City (No. _____) St. _____ Ward _____

2. FULL NAME

Hellen Orme

(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 Black 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED single
(write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) aug 17 1932

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
11 9 29 26

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. _____

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) hinn mo 1

13. NAME John Orme

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) hinn mo

15. MAIDEN NAME Melissa Mack

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Chamons mo

17. INFORMANT (ADDRESS) Melissa Orme Chamons mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Stauburn DATE June 14 1932

19. UNDERTAKER (ADDRESS) Seaton Pruitt Chamons

20. FILED 6/14 1932 Esther Sador Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 13 1932

22. I HEREBY CERTIFY That I attended deceased from 7-6-31, 1931, to June 5, 1932.

I last saw her alive on June 5, 1932. Death is said to have occurred on the date stated above, at 6:42 m.

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

Tuberculosis of the Lungs Date of onset _____

Other contributory causes of importance: (1)

Name of operation None Date of _____
What test confirmed diagnosis? Specimen Was there an autopsy? no

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) Wm. J. McKeely, M. D.
(Address) Chamons 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.

FD 26 1932

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CAUSE OF DEATH
N. B.—Every item of information should be

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Page Registration District No. 643
 Township Jefferson Primary Registration District No. 5852
 City (No.) St. Ward)

2. FULL NAME

Hellen Orme
 (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 F 4. COLOR OR RACE Col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED S
 (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 17 1913

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
19 9 26

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.
 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) Tenn no

FATHER 13. NAME John Orme

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn no

MOTHER 15. MAIDEN NAME Melissa Mack

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Champaign no

17. INFORMANT (ADDRESS) North St no

18. BURIAL, CREMATION, OR REMOVAL PLACE Dubuan DATE June 14 32

19. UNDERTAKER (ADDRESS) Leaton Hewitt Champaign

20. FILED Aug 10 1932 Leaton Hewitt Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 13 1932

22. I HEREBY CERTIFY, That I attended deceased from 7-6 to June 5 1932
 I last saw her alive on June 5 1932 Death is said to have occurred on the date stated above, at 4:30 p.m.

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

Tuberculosis of the lungs Date of onset

Other contributory causes of importance:

Name of operation none Date of none
 What test confirmed diagnosis? Examination Was there an autopsy? no

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) Wm Von McKnelly M. D.
 (Address) Champaign

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.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW.

SUPPLEMENTARY

S-20326