

NOV 17 1937

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

Do not use this space.

1. PLACE OF DEATH

County Douglas Registration District No. 954
Township Clinton Primary Registration District No. 5364
City (No. _____) St. _____ Ward _____

37561

File No. _____
Registered No. _____

2. FULL NAME

Hannah Elizabeth Orr

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

Length of residence in city or town where death occurred 55 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 W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) march 28 1863

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
74 6 18

8. Trade, profession, or particular kind of work done, as splanner, 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) Aug 1937

11. Total time (years) spent in this occupation single life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.

13. NAME William Pool

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

15. MAIDEN NAME Mary Miller

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

17. INFORMANT (ADDRESS) Clyde Orr Cabool mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE St Anns DATE Oct 18 1937

19. UNDERTAKER (ADDRESS) Gaylord H. Elliott Cabool mo.

20. FILED 19 _____ Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 16 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 1, 1937, to Oct 15, 1937

I last saw her alive on Oct 15, 1937. Death is said to have occurred on the date stated above, at 8 P. m.

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

myocarditis

Date of onset

Other contributory causes of importance:

myocardial failure

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ 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 _____

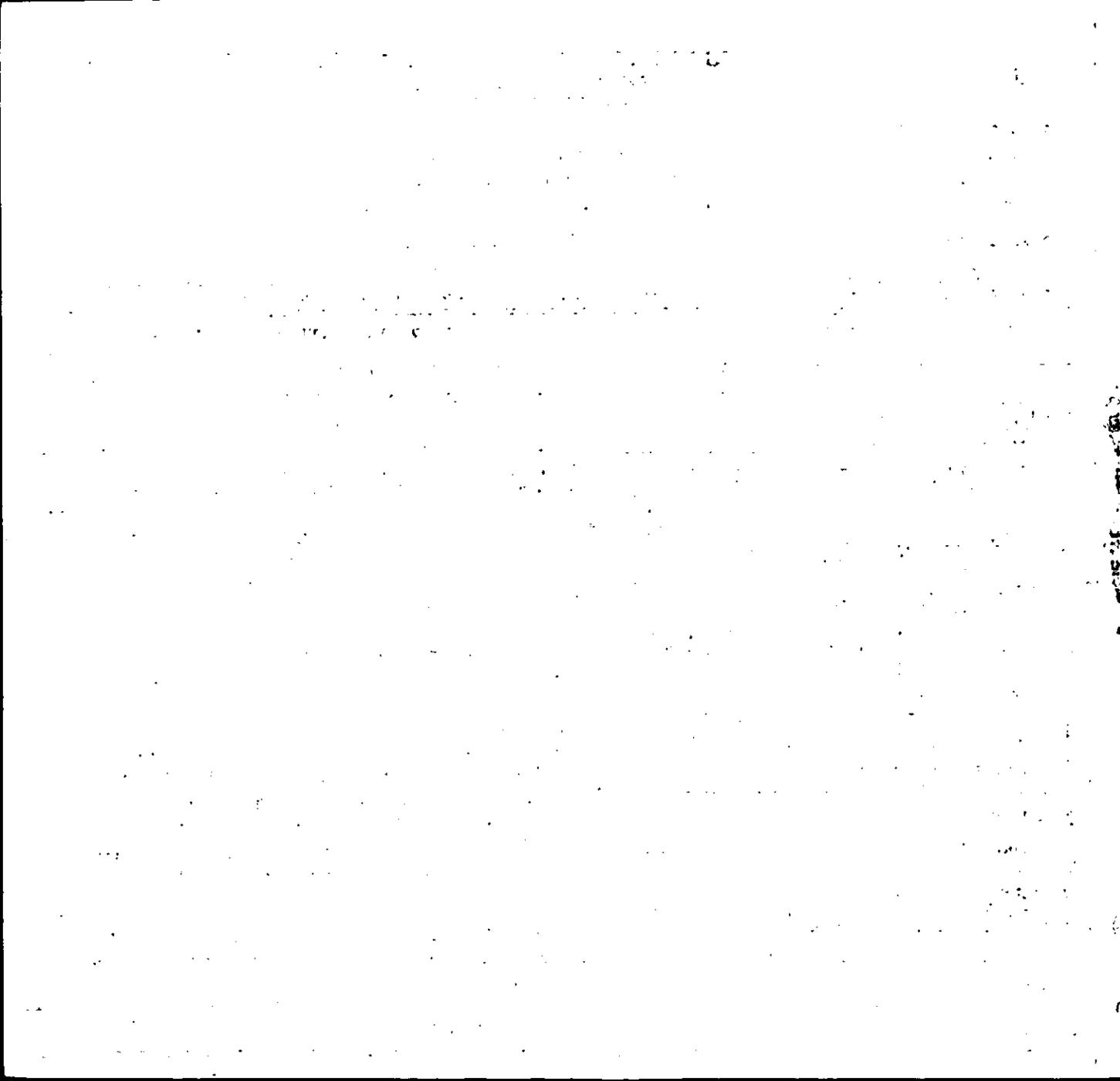
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) J. T. Robertson, M. D.

(Address) Cabool mo



REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATE UNTIL THE ARE COMPLETED AS PRESCRIBED BY LAW.

FILL IN ANSWERS TO ALL SPACES CHECKED IN RED PENCIL.

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

375-61X Do not use this space.

1. PLACE OF DEATH

(a) County Douglas Registration District No. 956 (b) Township Clinton Primary Registration District No. 5394 (c) City (d) Street No. (If death occurred in Hospital or Institution, write its name instead of street and number) (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. (Usual place of abode, if no street address, write county or city) St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 Rufus Oliver Orr

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 28 - 1863

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 74 6 18

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife 9. Industry or business in which work was done, as saw mill, bank, etc. 10. Date deceased last worked at this occupation (month, and year) Aug - 1937 11. Total time (years) spent in this occupation all life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

13. NAME William Pool FATHER

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

15. MAIDEN NAME Mary Pool MOTHER

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

17. INFORMANT (ADDRESS) Clyde Pool Catrol mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt Ararat DATE Oct 16, 1937

19. FUNERAL DIRECTOR (ADDRESS) Gaylord Elliot Catrol mo

20. FILED Dec 28, 1937 Mrs. Alice Rankin Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 16, 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 7 to Oct 15, 1937

I last saw him alive on Oct 15, 1937 Death is said to have occurred on the date stated above, at 5 P. m.

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

myocarditis Date of onset myocardial failure 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) J. J. Robertson, M. D. (Address) Catrol mo

