

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

Do not use this space.

1628

1. PLACE OF DEATH

55

County Lamar

Registration District No. 471

File No. 8

Township W

Primary Registration District No. 5634

Registered No. 5

City W (No. W)

St. W Ward W

2. FULL NAME

Edgar Orenton

(a) Residence, No. W St. W Ward. W

(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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 28, 1886

7. AGE YEARS 45 MONTHS 11 DAYS 10 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labourer 237

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) Wester Missouri

13. NAME J. Orenton

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known

15. MAIDEN NAME Laura Antle

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bary Co, Mo

17. INFORMANT (ADDRESS) R. B. Stone

18. BURIAL, CREMATION, OR REMOVAL PLACE L. O. G. G. DATE 1-8

19. UNDERTAKER (ADDRESS) Callaway

20. FILED 2/8 1932 H. Ross Clark Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 8, 1932

22. I HEREBY CERTIFY That I attended deceased from 1931 to 1932

I last saw him alive on June 7, 1932 Death is said to have occurred on the date stated above, at 700 PM

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

Basilar of face Date of onset

Other contributory causes of importance:

none

Name of operation Physic Date of no

What test confirmed diagnosis? Physic 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

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. Ross Clark, M. D.

(Address) Wester 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. FEB 24 1932

