

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

Do not use this space.

13624

**1. PLACE OF DEATH**

89 County Ray Co Registration District No. 739  
 Township Calender Primary Registration District No. ~~4441~~  
 City (No. 3979) St. \_\_\_\_\_ Ward)

**2. FULL NAME** Kate Olive Orr

(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 <u>Female</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>Atison Orr</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>9/22/1861</u>		
7. AGE	YEARS <u>70</u>	MONTHS <u>6</u>
	DAYS <u>14</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>Housewife</u>	
	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) <u>Leon Iowa</u>	<u>2</u>	
FATHER	13. NAME <u>Uri Metcalf</u>	<u>9</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Iowa</u>	
MOTHER	15. MAIDEN NAME <u>Jane Macfarland</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Don't know?</u>	
17. INFORMANT (ADDRESS) <u>Louise Craver</u> <u>Camden Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Bever Mo</u> DATE <u>4/18</u> 19 <u>32</u>		
19. UNDERTAKER (ADDRESS) <u>Orrian</u> <u>Orrian Mo</u>		
20. FILED <u>4-16</u> 19 <u>32</u> <u>W W Burgess</u> Registrar.		

**3. MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/16 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 29 1931 to April 16 1932  
 I last saw her alive on April 10 1932 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:

Date of onset

Organic Heart Disease  
Sclerosis of Cord -  
causing paralysis of legs

Other contributory causes of importance:  
91A  
95B  
82D

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) Roll Shultz M. D.  
 (Address) Orrian 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. MAY 28 1932

