

STATE OF MONTANA
Bureau of Vital Statistics
Certificate of Death

1 PLACE OF DEATH File No. 1190
 County Carbon Register No. _____
 Township _____ or Village _____ or _____
 City Washoe, No. _____ St., _____ Ward. _____
 (If death occurred in a hospital or institution, give its NAME instead of street and number).
 2 FULL NAME Elizabeth Orr,
 a) Residence No. _____ St., _____ Ward. _____
 (Usual place of abode) (If non-resident, give city or town and State)
 Length of residence in city or town where death occurred 4 yrs. 0 mos. 0 day How long in U. S., if of foreign birth? yrs. mos. days

PERSONAL AND STATISTICAL PARTICULARS					MEDICAL CERTIFICATE OF DEATH	
3 SEX <u>Female</u>	4 COLOR OR RACE <u>White</u>	5 Single, Married, Widowed, or Divorced (Write the Word.) <u>Widowed</u>		16 DATE OF DEATH (month, day, and year) 19<u>22</u> <u>February 15th, 1922</u>		
5a If married, widowed, or divorced HUSBAND of (or) WIFE of _____					17 I HEREBY CERTIFY, That I attended deceased from <u>Dec. 10, 1921</u> to <u>Feb. 15th, 1922</u> that I last saw her alive on <u>Feb. 15th, 1922</u> and that death occurred on the date stated above, at _____ m. The CAUSE OF DEATH* was as follows: <u>Senility</u>	
6 DATE OF BIRTH (month, day, and year) <u>not known</u>						
7 AGE		Years	Month	Days	If LESS than 1 day - hrs. or min.	
		<u>80</u>				
8 OCCUPATION OF DECEASED (a) Trade, profession or particular kind of work _____ (b) General nature of industry, business, or establishment in which employed (or employer) _____ (c) Name of employer _____						
9 BIRTHPLACE (city or town) _____ (State or Country) <u>Scotland</u>						
10 NAME OF FATHER <u>Mc Call</u>						
11 BIRTHPLACE OF FATHER (City or Town, State or Country) <u>Scotland</u>						
12 MAIDEN NAME OF MOTHER <u>Not known</u>						
13 BIRTHPLACE OF MOTHER (City or Town, State or Country) <u>Scotland</u>						
14 Informant <u>Thomas Orr,</u> (Address) <u>Roundup, Montana</u>						
15 Filed <u>2/18/22</u> <u>C. M. Straight</u> Registrar.						
18 Where was disease contracted if not at place of death? _____					19 Place of Burial, Cremation or Removal <u>Bearcreek,</u> Date of Burial <u>2/19/22</u>	
17 (duration) _____ yrs. <u>2</u> mos. _____ dys.					20 UNDERTAKER <u>C. M. Straight,</u> ADDRESS <u>Bearcreek</u>	
CONTRIBUTORY (secondary) _____						
18 (duration) _____ yrs. _____ mos. _____ dys.						
Did an operation precede death? _____ date of _____						
Was there an autopsy? <u>NO</u>						
What test confirmed diagnosis? <u>NO</u>						
(Signed) <u>J. C. F. Siegfriedt</u> M. D. <u>2/18/22</u> , 19 (address) <u>Bearcreek</u>						
*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space).						

MARGIN RESERVED FOR BINDING. WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD. EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MONTANA, }
 County of Carbon. } ss.

I, Frank Danichek County Clerk, of Carbon County, State of Montana, do hereby certify, That the above and foregoing is a true, full and correct copy of Death Report as the same appears in the files in the office of the County Clerk of said Carbon County, Montana.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Seal of said County of Carbon this 30th day of April, 1922.

By Frank Danichek Deputy. Frank Danichek
County Clerk.
Carbon County, Montana.