

STATE OF MONTANA  
Bureau of Vital Statistics  
Certificate of Death

PREVIOUS

File No. ....

1 PLACE OF DEATH

County Gallatin Registered No. 80  
Township Chestnut or Village .....  
City ..... No. .... St. .... Ward .....  
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Samuel 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. days How long in U. S., if of foreign birth? yrs. mos. days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX <u>M</u>	4 COLOR OR RACE <u>W</u>	5 Single, Married, Widowed, or Divorced (Write the word) <u>married</u>
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5a If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Month	Days	HEIGHT
<u>76</u>				ft. in. or

8 OCCUPATION OF DECEASED  
(a) Trade, profession or particular kind of work Miner  
(b) General nature of industry, business, or establishment in which employed (or employer)  
(c) Name of employer

9 BIRTHPLACE (city or town) Scotland  
(State or country)

10 NAME OF FATHER Samuel Orr

11 BIRTHPLACE OF FATHER (City or Town, State or Country) Ireland

12 MAIDEN NAME OF MOTHER Agnes Littlewood

13 BIRTHPLACE OF MOTHER (City or Town, State or Country) Ireland

14 Informant Thomas McKee  
(Address) Chestnut, Mont.

15 Filled May 27, 1909 Jos. P. ...

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19...  
May 25, 1909

17 I HEREBY CERTIFY, That I attended deceased from  
May 24, 1909, 19... to ... 19...

that I last saw him alive on May 24, 1909, 19...  
and that death occurred, on the date stated above, at 8:30  
The CAUSE OF DEATH\* was as follows:

Pulmonary Edema

(duration) ..... yrs. mos. 50 hrs

CONTRIBUTORY Interstitial nephritis  
(Secondary) (duration) ..... yrs. mos.

18 Where was disease contracted  
if not at place of death?

19d an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

Signature A. D. Brewer M.  
May 25, 1909 (Address Storrs, Mont.)

\* State the Disease Causing Death, or in deaths from violent Causes, state (1) Means and Nature of Injury, and whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 Place of Burial, Cremation or Removal Bozeman Date of Burial May 27, 1909

20 UNDERTAKER Th. Davis ADDRESS Bozeman

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD. PHYSICIANS should be stated EXACTLY. PHYSICIANS should be stated EXACTLY. Exact statement 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.

PARENTS