

STATE OF MONTANA  
Bureau of Vital Statistics  
Certificate of Death

1 PLACE OF DEATH

County Cascade File No. 5127  
Township \_\_\_\_\_ or Village \_\_\_\_\_ Registered No. 28  
City Belt No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Mrs. Bertie 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>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 or (or) WIFE of <u>Samuel Orr</u>		
6 DATE OF BIRTH (month, day, and year) <u>Dec 25 - 1880</u>		
7 AGE	Years <u>34</u>	Month <u>11</u>
	Days <u>25</u>	If LESS than 1 day _____ hrs. or _____ min.
8 OCCUPATION OF DECEASED (a) Trade, profession or particular kind of work <u>Housewife</u> (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer		

9 BIRTHPLACE (city or town) Ont. Canada  
(State or country)

PARENTS	10 NAME OF FATHER <u>Moses D. Hennaghan</u>
	11 BIRTHPLACE OF FATHER (City or Town, State or Country) <u>Ireland</u>
	12 MAIDEN NAME OF MOTHER <u>Elysa Pringle</u>
	13 BIRTHPLACE OF MOTHER (City or Town, State or Country) <u>England</u>

14 Informant Samuel Orr  
(Address) Beltmont

15 Filed 12/21, 1913 A. E. Chamberlain  
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 19 1913

17 I HEREBY CERTIFY, That I attended deceased from Dec 3, 1913, to Dec 19, 1913, that I last saw her alive on Dec 19, 1913, and that death occurred, on the date stated above, at 1:45 a.m. The CAUSE OF DEATH\* was as follows:

Gastric Stasis  
Auto Intoxication  
(duration) \_\_\_\_\_ yrs \_\_\_\_\_ mos \_\_\_\_\_ ds.  
CONTRIBUTORY Post-operative adhesions  
(Secondary) (duration) \_\_\_\_\_ yrs \_\_\_\_\_ mos \_\_\_\_\_ ds.

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

Did an **INFORMATION COPY ONLY** precede death? \_\_\_\_\_ Date of \_\_\_\_\_

Was there an autopsy? \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_

(Signed) L. R. McBurness M. D.  
12/21 1913 (Address) Beltmont

\* 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.)

19 Place of Burial, Cremation or Removal Beltmont Date of Burial Dec 21 1913

20 UNDERTAKER Geo S Cook ADDRESS Beltmont