MAY 25 1927

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

Do not use this space.
10994

1. PLACE OF DEATH
County Buchanan — Registration District No. 85
Township — Primary Registration District No. 1001
City St. Joseph, (No. St. Joseph's Hospital St. Ward)

File No.
Registered No. 375

2. FULL NAME Thomas Francis Dandurant
(a) Residence. No. 601 North 10 street St., Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 73 yrs. mos. ds. How long in U.S., if of foreign birth? 73 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Married

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Dandurant

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 30, 1844.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	83	0	9	

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

9. BIRTHPLACE (CITY OR TOWN) Montreal,
(STATE OR COUNTRY) Canada.

PARENTS
10. NAME OF FATHER John Dandurant.
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Montreal,
(STATE OR COUNTRY) Canada.
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Unknown

14. INFORMANT Edwin Schott.
(Address) 2926 Sacramento Street

15. FILED 4-9 1927 John G. Ott Registrar

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR) April. 9. 1927.

17. I HEREBY CERTIFY, That I attended deceased from Apr 3 1927, to Apr 9 1927, that I last saw him alive on Apr 8 1927, and that death occurred on the date stated above, at 3/40 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Lobar Pneumonia (Double)
1861
1915
1917
(duration) 6 yrs. mos. 5 ds.
CONTRIBUTORY (SECONDARY) Injury Exposure
Fall Off Kneeling Board
Accidental
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? 601 N 10
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? None
(Signed) Frank L. Dorlequin M.D.
Apr. 9. 1927. (Address) Mag Ilee Bldg.

*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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Mount Olivet Cemetery	April. 11. 1927.
20. UNDERTAKER	ADDRESS
H. O. Siedenfaden	1802 Union Str.

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD