

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

Do not use this space.

18274
2319

1. PLACE OF DEATH
 County Jackson Registration District No. **399**
 Township Law Primary Registration District No. **1002**
 City K.C. (No. Gen. Hospital) St. _____ Ward _____

2. FULL NAME Harry D Dorrk
 (a) Residence. No. 7714 E 10 St. 17 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 male
 4. COLOR OR RACE white
 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 6, 1918

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
10 9 13

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

9. BIRTHPLACE (CITY OR TOWN) K.C.
 (STATE OR COUNTRY) Mo

10. NAME OF FATHER Stanley Dorrk

11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____
 (STATE OR COUNTRY) Poland

12. MAIDEN NAME OF MOTHER Louise Vansady

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____
 (STATE OR COUNTRY) Poland

14. INFORMANT Stanley Dorrk
 (Address) 7714 E 10 St

15. FILED 5/20 19 29 M.M. Crowe
 ass't. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 5/19 19 28

17. I HEREBY CERTIFY, That I attended deceased from _____ 19____ to _____ 19____
 that I last saw h. _____ alive on _____, 19____, and that death occurred, on the date stated above, at _____ m.
 THE CAUSE OF DEATH* WAS AS FOLLOWS:
accidental automobile
burn
K.C. Mo
210 m (duration) yrs. mos. ds.
 CONTRIBUTORY (SECONDARY) 1880 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED _____
 IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS? autopsy
 (Signed) Stanley M. Haley, M. D.
5/20, 19 29 (Address) 1880

*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 Mt St Marys DATE OF BURIAL May 22, 1929

20. UNDERTAKER C.H. Blackburn & Son ADDRESS 2825 Indef
12th

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

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.

2020-261

