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

Do not use this space.

5005

1. PLACE OF DEATH
County: Cass
Township: Everett
City: Archie
Registration District No.: 147
Primary Registration District No.: 5211
File No.:
Registered No.: 5
(No. ..... St. ..... Ward)

2. FULL NAME: Mary Druzilla Dorsett

(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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: J. H. Dorsett

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Nov. 21-1844

7. AGE: Years 88, Months 2, Days 18. If LESS than 1 day, ..... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housewife 95D 123
(b) General nature of industry, business, or establishment in which employed (or employer): 87
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Hendricks, Ind.

PARENTS
10. NAME OF FATHER: Charles Duncan
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Randolph County N.C.
12. MAIDEN NAME OF MOTHER: Diliah Blunk
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Indiana

14. INFORMANT: Myrtle Dorsett
(Address) Archie, Mo.

15. FILED 2/10 1933 Dr. B. B. Tout REGISTRAR

**4 MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR): Feb 9 1933

17. I HEREBY CERTIFY, That I attended deceased from Dec 29, 1932 to Feb 9, 1933 that I last saw her alive on Feb 6, 1933, and that death occurred, on the date stated above, at 5 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Neuritis Myocarditis
123
(duration) 3 yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Systemic Infection from anal Fistula (duration) 10 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) T. W. Adair, M. D.
, 19 (Address)

*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: Everett Cemetery
DATE OF BURIAL: Feb. 12 1933

20. UNDERTAKER: Atkinson & Easterla
ADDRESS: Archie, Mo.