

MAR 13 1936

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

Do not use this space.

4548

1. PLACE OF DEATH

County BooneRegistration District No. 73Township ColumbiaPrimary Registration District No. 3006City Columbia (No. _____)File No. _____
Registered No. 32 St. _____ Ward _____2. FULL NAME Nathaniel Dorsett(a) Residence, No. 107 Allen 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

MEDICAL CERTIFICATE OF DEATH

3. SEX <u>Male</u>	4. COLOR OR RACE <u>Negro</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Barrie Dorsett</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>about 1849</u>		
7. AGE YEARS <u>about 87</u>	MONTHS	DAYS
If LESS than 1 day, _____ hrs. or _____ min.		

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 1, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 21, 1936, to Feb 1, 1936
I last saw him alive on Jan 31, 1936. Death is said to have occurred on the date stated above, at 3:00 p. m.
The principal cause of death and related causes of importance were as follows:

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
	10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation	

Date of onset

Cerebral Hemorrhage

Other contributory causes of importance:

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Charlotteville North Carolina</u>
	13. NAME <u>Don't Know</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
	15. MAIDEN NAME <u>Don't Know</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
17. INFORMANT <u>Barrie Dorsett</u> (ADDRESS) <u>Columbia Missouri</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Columbia Cemetery</u> DATE <u>2-5</u> , 19 <u>36</u>	
19. UNDERTAKER <u>Stuart S. Parker</u> (ADDRESS) <u>Columbia Missouri</u>	
20. FILED <u>2/10/36</u> , 19 <u>36</u> <u>Allie Selby</u> Registrar.	

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.Manner of injury _____
Nature of injury _____24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) O. A. Moore, M. D.
(Address) Columbia Missouri

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.

now

Date	Description	Debit	Credit	Balance
1880				
Jan 1	Balance			
Jan 15	...			
Jan 30	...			
Feb 15	...			
Feb 28	...			
Mar 15	...			
Mar 31	...			
Apr 15	...			
Apr 30	...			
May 15	...			
May 31	...			
Jun 15	...			
Jun 30	...			
Jul 15	...			
Jul 31	...			
Aug 15	...			
Aug 31	...			
Sep 15	...			
Sep 30	...			
Oct 15	...			
Oct 31	...			
Nov 15	...			
Nov 30	...			
Dec 15	...			
Dec 31	...			