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

REC'D APR 19 1938

Do not use this space.

10891

1. PLACE OF DEATH

County Henry

Registration District No. 347

Township

Primary Registration District No. 3018

City Clinton (No. , St. Ward)

File No.

Registered No.

2. FULL NAME Dora Dorsey 620

(a) Residence, No. 761 N 2nd 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 7	**4. COLOR OR RACE** w	**5. SINGLE, MARRIED, WIDOWED, OR DIVORCED** (write the word) Wid

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF E C Dorsey

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 6 1850

7. AGE YEARS 88 MONTHS 0 DAYS 12 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jefferson co Ky

FATHER

13. NAME L. B. Young

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

MOTHER

15. MAIDEN NAME Kathern Lesty

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky

17. INFORMANT (ADDRESS) Amanda Dorsey Clinton Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Englewood DATE 3/20 38

19. UNDERTAKER (ADDRESS) Consoleo & Pearl Clinton Mo

20. FILED 3-19 1938 J R Hampton Registrar. 312

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 18, 1938

22. I HEREBY CERTIFY, That I attended deceased from 193_, to March 18, 1938

I last saw h_ alive on March 10, 1938. Death is said to have occurred on the date stated above, at 6½ _. m.

The principal cause of death and related causes of importance were as follows:

Uremia due to Chronic interstitial nephritis

Date of onset 1934

Other contributory causes of importance: Arterio-sclerosis unknown

Name of operation No Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

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. none

Manner of injury none

Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) S B Hughes , M. D.

(Address) Clinton Mo