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

Do not use this space. 28395

File No. ..... (Year and Month)
Registered No. 7917

1. PLACE OF DEATH

County ..... Registration District No. 791
Township ..... Primary Registration District No. 1003
City St. Louis (No. 4167 Ashland St. Ward)

2. FULL NAME Frank Howard Dorsey

(a) Residence. No. 4167 Ashland 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	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 Rose Dorsey

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 29 1871

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	56	1	6	

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

9. BIRTHPLACE (CITY OR TOWN) Jeffersonville
(STATE OR COUNTRY) Indiana

PARENTS

10. NAME OF FATHER Josiah C. Dorsey
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Maryland
12. MAIDEN NAME OF MOTHER Mary Gulk
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Milford
(STATE OR COUNTRY) Ohio

14. INFORMANT Rae M. Dorsey
(Address) 4167 Ashland St.

15. FILED SEP 6 1927, 19..... Max C. Starkloff
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept. 5 1927

17. I HEREBY CERTIFY, That I attended deceased from July 8 1927, to Sept 5 1927, that I last saw him alive on Sept 5 1927, and that death occurred, on the date stated above, at 1:30 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

80 Toxemia

Tubes Dorsalis

(duration) 10 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Bronchial Pneumonia

(duration) yrs. mos. 2 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? Clinical Findings

(Signed) Thomas P. Hartz, M. D.

, 19 (Address) 3929 Keaton

*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 Jeffersonville Ind. DATE OF BURIAL 9-6 1927

20. UNDERTAKER Mitt Bros L & U Co. ADDRESS 2927 S. Jefferson Av.

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.