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.

NOV 29 1927

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

Do not use this space.

31431

1. PLACE OF DEATH
County: St Louis — Registration District No.: 790 — File No.: 273
Township: — Primary Registration District No.: 6033 — Registered No.: 273
City: Richmond Heights (No. St Marys Hospital St. Ward)

2. FULL NAME: Mary Agnes Dorre
(a) Residence. No. 505 Oak Wood Ave St Webster 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): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY AND YEAR): Jan 1 1920
7. AGE: Years 7 — Months 9 — Days 14 — If LESS than 1 day, ... hrs. or ..... min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: School Child
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Chicago Ill

PARENTS
10. NAME OF FATHER: Frank J. Dorre
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Chicago Ill
12. MAIDEN NAME OF MOTHER: Bertha Richardson
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Toronto Canada

14. INFORMANT: Frank J. Dorre
(Address) 505 Oak Wood Ave Webster

15. FILED 10/15 1927 J. B. Siddrith REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Oct 14 1927

17. I HEREBY CERTIFY, That I attended deceased from Oct 13, 1927, to Oct 14, 1927, that I last saw her alive on Oct 14, 1927, and that death occurred, on the date stated above, at 11 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Infantile Paralysis
16 (duration) yrs. mos. 5 ds.
CONTRIBUTORY (SECONDARY) 22 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?
8 DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) John Zahnsky, M. D.
Oct 15, 1927 (Address) 536 N. Taylor

*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: Calvary Cemetery — DATE OF BURIAL: 10/17 1927

20. UNDERTAKER: Graham 7146 Manchester Ave — ADDRESS