

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

Do not use this space.

37455

1. PLACE OF DEATH

County Laurance
Township Frank
City Frank (No. St. Ward)

Registration District No. 474
Primary Registration District No. 5688

File No.
Registered No. 9

2. FULL NAME

Martha Ann McDorman

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Widow

5A. If MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

John M. Dorman

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

2-22-1940

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<u>86</u>	<u>9</u>	<u>8</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work housekeeper

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

Ind.

(STATE OR COUNTRY)

10. NAME OF FATHER

Peter Nicholson

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

unknown

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

? Island

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

unknown

(STATE OR COUNTRY)

14.

INFORMANT

Amie H. Kinney
Halltown, Mo

15.

FILED

12-2-28 Geo. C. Miller
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

Nov. 30 1928

17.

I HEREBY CERTIFY, That I attended deceased from Nov. 30, 1928, to Nov. 30, 1928

that I last saw h. alive on Nov. 30, 1928, and that death occurred, on the date stated above, at Frank, Mo.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Ac. Pleur Pneumonia

CONTRIBUTORY Contracted while in Spain
(SECONDARY)
back due to a fall (duration) yrs. mos. 28 da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH,

19. DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Dr. C. M. Barr, M. D.

12-1, 1928 (Address) Halltown, Mo

*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

Halltown

DATE OF BURIAL

12-2 1928

20. UNDERTAKER

J. W. Morrison

ADDRESS

Miller Ho.

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.

1928

