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

Do not use this space.

6051

MAR 21 1929

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.

1. PLACE OF DEATH
County Franklin — Registration District No. 293 — File No.
Township Bales — Primary Registration District No. 5411 — Registered No. N
City ..... (No. ..... St. ..... Ward)

2. FULL NAME Sophia Anne Dorman
(a) Residence. No. Labadie St. Mo Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 10 yrs. 4 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): Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Thos Dorman
6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 21 - 1855
7. AGE: Years 73 Months 7 Days 19 — If LESS than 1 day, ... hrs. or ..... min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Retired
(b) General nature of industry, business, or establishment in which employed (or employer): Housewife
(c) Name of employer
9. BIRTHPLACE (CITY OR TOWN) Florida
(STATE OR COUNTRY) Missouri

PARENTS
10. NAME OF FATHER: Henry Silvers
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Do not Know
12. MAIDEN NAME OF MOTHER: Mathilda Ann Moran
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Do not Know

14. INFORMANT: W. V. Dorman
(Address) Labadie Mo

15. FILED Feb. 13, 1929 [signature] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR) Feby 10 1929

17. I HEREBY CERTIFY, That I attended deceased from Jany 31, 1929, to Feb 9, 1929 that I last saw her alive on Feb 9, 1929, and that death occurred, on the date stated above, at 2 40 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral hemorrhage
82A
102
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) High Blood Pressure
Several years
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?
0 DID AN OPERATION PRECEDE DEATH? no DATE OF —
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) [signature], M.D
Feb. 12 1929 (Address) Labadie 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: New Florence, Mo — DATE OF BURIAL: Feb. 13 1929
20. UNDERTAKER: Otto & Co — ADDRESS: Washington Mo