WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

13131

1. PLACE OF DEATH

County ..... Registration District No. 791 ..... File No. .....

Township ..... Primary Registration District No. 1003 ..... Registered No. 3691

City St Louis (No. 2522 Belle Glade Av St. ..... Ward)

2. FULL NAME Harry J. C. Dorn

(a) Residence. No. 2522 Belle Glade Av St., 11 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 Sarah Dorn

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 11th 1875

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	54	2	14	

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

10 0

9. BIRTHPLACE (CITY OR TOWN) St Louis
(STATE OR COUNTRY) Mo

1

PARENTS

10. NAME OF FATHER Bernard Dorn

11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Germany.

10

12. MAIDEN NAME OF MOTHER Louisa Ennebrock

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Not Known

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14. INFORMANT Sarah Dorn
(Address) 2522 Belle Glade Av

15. FILED ..... 1929 [signature] REGISTRAR

2

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mch 25 1929

17. I HEREBY CERTIFY, That I attended deceased from Nov 13, 1928, to March 25, 1929 that I last saw him alive on March 24 1929 and that death occurred, on the date stated above, at 4 45 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Mitral Deficiency
97.4
130
..... (duration) 20 yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Acute Nephritis
cause unknown (duration) ..... yrs. 2 mos. ..... 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? .....
(Signed) N. P. Thompson, M. D.
3/25, 1929 (Address) 3108 Cass Ave

*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	DATE OF BURIAL
Valhalla.	Mch 28 1929
20. UNDERTAKER Wm. F. Paschedag.	ADDRESS 2825 No Grand Bl