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

Do not use this space.

24765

1. PLACE OF DEATH

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

Township ..... Primary Registration District No. 1003 Registered No. 6924

City St. Louis (No. 5965 Cote Brilliante Ave. Ward)

2. FULL NAME Ellen A. Dorsey

(a) Residence. No. 5965 Cote Brilliante Ave., Ward. 6 (If nonresident, give city or town and State)
(Usual place of abode)

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): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF the late Harry Dorsey

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 5 = 1859.

7. AGE: YEARS 70 MONTHS 11 DAYS 7 If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housework
(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) Missouri

PARENTS
10. NAME OF FATHER Tom Murphy
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Ireland
12. MAIDEN NAME OF MOTHER Mary Costella
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Ireland

14. INFORMANT Miss Genevieve Dorsey (Address) 5965 Cote Brilliante Ave.

15. FILED JUL 14 1930, 19 Max C. Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 12, 1930.

17. I HEREBY CERTIFY, That I attended deceased from Jun 27, 1930, to July 11, 1930 that I last saw her alive on July 8/11, 1930 and that death occurred, on the date stated above, at 12.09 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Heat Prostration.
93C
92D
191 (duration) ..... yrs. ..... mos. 1½ ds.

CONTRIBUTORY (SECONDARY) Hemiplegia Myocarditis
Chronic (duration) 3 yrs. ..... 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? Physical

(Signed) William, O. Dean, M. D.
7/14, 1930 (Address) 1492 Hodiamont 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: Calvary Am. DATE OF BURIAL: July 15, 1930

20. UNDERTAKER: Jos. W. Clark ADDRESS 1125 Hodiamont Ave.

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.

OCCUPATION