

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

Do not use this space.

36230

1. PLACE OF DEATH

County Jackson
Township Law
City Kansas City (No. 1002)

Registration District No. 399
Primary Registration District No. 1002
Mercy Hospital

File No. _____
Registered No. 4636
St. _____ Ward _____

2. FULL NAME Carroll Gene Dorsey

(a) Residence. No. 13840 Glenwood St. _____ Ward. Mt Washington
(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 <u>F</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Single</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Infant</u>				
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>June 6, 1929</u>				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>1</u>	<u>5</u>	<u>8</u>	
8. OCCUPATION OF DECEASED				
(a) Trade, profession, or particular kind of work <u>Infant</u>				
(b) General nature of industry, business, or establishment in which employed (or employer) <u>Infant</u>				
(c) Name of employer _____				
9. BIRTHPLACE (CITY OR TOWN) <u>Mt. Washington</u> (STATE OR COUNTRY)				
PARENTS	10. NAME OF FATHER <u>Clifford Dorsey</u>			
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Oklahoma</u>			
	12. MAIDEN NAME OF MOTHER <u>Rata Wright</u>			
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Atlantic, Iowa</u>			
14.	INFORMANT <u>Clifford Dorsey</u> (Address) <u>13840 Glenwood</u>			
15.	FILED <u>11/16 1930</u> <u>M. M. Conner</u> REGISTRAR <u>Asst</u>			

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 11-14 1930

17. I HEREBY CERTIFY, That I attended deceased from Nov. 3, 1930, to Nov. 14, 1930 that I last saw h. or alive on Nov. 14, 1930, and that death occurred on the date stated above, at 10 AM m. 10:00

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Congenital Heart Disease (patent Foramen ovale) +
1576
9/117 (duration) some bill yrs. mos. ds.
1590
CONTRIBUTORY Otitis Media bilateral (SECONDARY) (duration) yrs. mos. ds. 12

18. WHERE WAS DISEASE CONTACTED
Home
NOT AT PLACE OF DEATH _____
DID AN OPERATION PRECEDE DEATH? No DATE OF _____
WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS Plummet physical
(Signed) Sidney Calkins MD M. D.
Nov 14, 1930 (Address) Mercy Hospital

*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. 1-30-1930

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Mt Washington Cemetery DATE OF BURIAL 11/17/30 19

20. UNDERTAKER Trink and Robin - 204 Linwood ADDRESS _____

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.

