

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

Do not use this space.

**1. PLACE OF DEATH**

County Buchanan  
Township.....  
City St. Joseph

Registration District No. 85  
Primary Registration District No. 1001  
(No. St. Josephs Hospital.)

File No. 24258  
Registered No. 731  
St. .... Ward)

**2. FULL NAME**

Dorothy Louise Komer.

(a) Residence, No. 801 South 15th Street. 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. lds. 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) Single.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 6, 1931

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
0 0 1

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. Infant.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Joseph Missouri.

FATHER 13. NAME Louis J. Komer.

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Joseph Missouri.

MOTHER 15. MAIDEN NAME Josephine Sayata.

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Joseph Missouri.

17. INFORMANT (ADDRESS) Louis J. Komer. 801 South 15th St.

18. BURIAL, CREMATION, OR REMOVAL PLACE mt object burysty DATE July 8 1931

19. UNDERTAKER (ADDRESS) St. O. de deelen 1803 Union Street

20. FILED 7-7 1931 John R. Bender Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 7 19 31

22. I HEREBY CERTIFY, That I attended deceased from July 6 19 31 to July 7 19 31

I last saw h. or alive on July 7 19 31 Death is said

to have occurred on the date stated above, at 10:45 A.M.

The principal cause of death and related causes of importance were as follows:

Spine Cifedia  
157 157 B  
157C  
Other contributory causes of importance:  
defect of left chest

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? do

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Frank H. ... M. D.

(Address) Kirkpatrick Bldg

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.

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