

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

Do not use this space.

32198

1. PLACE OF DEATH

County Randolph Registration District No. 735 File No. _____
 Township _____ Primary Registration District No. 3034 Registered No. 173
 City Moberly (No. McBarnick Hospital St. _____ Ward)

2. FULL NAME

(a) Residence, No. 116 Nighthman St., _____ Ward. (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>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Jeanett Doerrie</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Apr 14 - 1880</u>				
7. AGE YEARS <u>57</u>	MONTHS <u>4</u>	DAYS <u>24</u>	If LESS than 1 day, _____ hrs. or _____ min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>carpenter</u>			
	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) <u>Mo</u>				
FATHER	13. NAME <u>Henry Doerrie</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ill.</u>			
MOTHER	15. MAIDEN NAME <u>Anna Fieselman</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>			
17. INFORMANT (ADDRESS) <u>Mrs L. J. Doerrie Moberly Mo</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Salisbury</u> DATE <u>Sept 9, 1931</u>				
19. UNDERTAKER (ADDRESS) <u>Mahon and Son</u>				
20. FILED <u>Sept 9, 1931</u> <u>Geo S. Fleming</u> Registrar				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 8th, 1931

22. I HEREBY CERTIFY that I attended deceased from Aug 31st 1931 to Sept 8th 1931
 I last saw him alive on Sept 7th, 1931 Death is said to have occurred on the date stated above, at _____ m.

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

Don't know
200B
 Other contributory causes of importance:

Name of operation no. Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
 accident, suicide, or homicide? no Date of injury _____, 1931

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) W. D. Kinsky M. D.
 (Address) Moberly, Mo.

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.

OCT 26 1931

