

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

Do not use this space.

9768

**1. PLACE OF DEATH**

92 County St. Charles Registration District No. 757  
 4 Township \_\_\_\_\_ Primary Registration District No. 30.36  
 8 City St. Charles (No. 427, North Third) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_

Registered No. 41

**2. FULL NAME**

(a) Residence, No. 427 North Third 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. 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) Unwedded

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 15 - 1856

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
75 6 29

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

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) Missouri

13. NAME Healey

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

15. MAIDEN NAME Don't know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT Harry Dorsey  
 (ADDRESS) St. Charles Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Waldwood Ins. DATE March 16, 1932

19. UNDERTAKER H. J. Williams & Sons Co  
 (ADDRESS) 800 W. 2nd St. St. Charles Mo

20. FILED 3/16 1932 St. Charles Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 14, 1932

22. I HEREBY CERTIFY, That I attended deceased from March 4, 1932, to March 14, 1932  
 I last saw him alive on March 14, 1932 Death is said to have occurred on the date stated above, at 5:30 a.m.

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

Carcinoma of parotid Date of onset 9/16/29  
536  
9365 36 1

Other contributory causes of importance: chronic myocarditis 2/13/32

Name of operation Removal of parotid Date of 11/19/30  
 What test confirmed diagnosis microscopic Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
 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) Ben J. Neuberger, M. D.  
 (Address) St. Charles, Mo.

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.

APR 29 1932

MARGIN BINDING

V.S. NO. 2.

