WHITE 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.

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

Do not use this space.

1711

File No. 441

Registered No.

1. PLACE OF DEATH

County JACKSON — Registration District No. 389

Township KAW — Primary Registration District No. 1002

City KANSAS CITY (No. 612 - BROOKLYN St. Ward)

2. FULL NAME JOHN WESLEY DORSETT

(a) Residence, No. 612 - BROOKLYN St., 9 Ward. (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: MALE

4. COLOR OR RACE: WHITE

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): MARRIED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) ~~WIFE OF~~ MRS. ALICE C. DORSETT

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) MAY - 3 - 1876

7. AGE: YEARS 56 — MONTHS 8 — DAYS 23 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) ALTON (STATE OR COUNTRY) ILLINOIS

FATHER

13. NAME JOHN A. DORSETT

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) NORTH CAROLINA

MOTHER

15. MAIDEN NAME JENNIE ROSS

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) NASHVILLE TENNESSEE

17. INFORMANT MRS. ALICE C. DORSETT (ADDRESS) 612 - BROOKLYN AVE.

18. BURIAL, CREMATION, OR REMOVAL PLACE ELMWOOD DATE JANUARY 28, 1933

19. UNDERTAKER D. W. NEWCOMER'S SONS (ADDRESS) 2111 - EAST - 9TH ST.

20. FILED Jan 27, 1933 M. M. Crouse Asst Registrar.

MEDICAL CERTIFICATE OF DEATH

2.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JANUARY - 26 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 15, 1932, to Jan 26, 1933

I last saw him alive on ~~[illegible]~~ Jan 26, 1933. Death is said to have occurred on the date stated above, at 8:45 P m.

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

Carcinoma of Stomach — Date of onset 6 mo.

46B

59

46B

Other contributory causes of importance: Diabetes Mellitus

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical 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) [signature], M. D.

(Address) 925 [illegible]

921 Argyle Bldg.
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