

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

Do not use this space.

10842

1. PLACE OF DEATH

County St. Charles
Township Dardennes
City Dardennes No. _____

Registration District No. 760
Primary Registration District No. 16001

File No. 1
Registered No. 15
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St., _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 6 yrs. 4 mos. 15 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>Bernadine Dorais</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct 18-1870</u>		
7. AGE YEARS <u>62</u>	MONTHS <u>4</u>	DAYS <u>15</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>Farmer</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>Dardennes Mo.</u>		
FATHER	13. NAME <u>Louis Dorais</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Don't know Don't know</u>	
	15. MAIDEN NAME <u>Corbie</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Don't know Don't know</u>	
MOTHER	17. INFORMANT <u>Paul Dorais</u> (ADDRESS) <u>O'Hallan</u>	
	18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Dardennes</u> DATE <u>March 8 1933</u>	
19. UNDERTAKER (ADDRESS) <u>T. P. Pittman</u> <u>Wentzville, Mo.</u>		
20. FILED <u>3/9</u> , 19 <u>33</u> <u>W. C. Caldwell</u> Registrar.		

1 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 6, 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 24, 1933, to Mar 6, 1933
I last saw him alive on Mar 6, 1933 Death is said to have occurred on the date stated above, at 6 P. A.M.
The principal cause of death and related causes of importance were as follows:
Senile Dementia
162
162
Date of onset Sept 1932

Other contributory causes of importance:

Name of operation none Date of _____
What test confirmed diagnosis? Physic Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury _____, 1933
Where did injury occur? no
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. no

Manner of injury no
Nature of injury no

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) E. B. Kemmer, M. D.
(Address) Wentzville, 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.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

APR 24 1933
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