

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

Do not use this space.

20101

1. PLACE OF DEATH

County Jasper
Township Salina
City Joplin

Registration District No. 411
Primary Registration District No. 2002
(No. Freeman Hospital)

File No. 236
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Earl Edwin Dorrance

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

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. (If nonresident, give city or town and State)

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 Edna Ely Dorrance

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 2 1893

7. AGE YEARS 40 MONTHS 2 DAYS 6 If LESS than 1 day, _____ hrs. or _____ min.

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

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

10. Date deceased last worked at this occupation (month, day, year) June 3, 1933 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pettis County Missouri

13. NAME Geo Dorrance

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

15. MAIDEN NAME Maud Janes

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

17. INFORMANT G. E. Dorrance (ADDRESS) Neosho, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Neosho, Mo. DATE June 8, 1933

19. UNDERTAKER (ADDRESS) _____

20. FILED: 6-19 1933 Ed Gloman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 8, 1933

22. I HEREBY CERTIFY That I attended deceased from June 6, 1933 to June 8, 1933
I last saw him alive on June 8, 1933 Death is said to have occurred on the date stated above, at 6:30 A.M.

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

Infected gall bladder impacted by rupture of duct Date of onset _____

Other contributory causes of importance: Peritonitis

Name of operation Laparotomy Date of June 7, 1933
What test confirmed diagnosis? _____ 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?
If so, specify _____
(Signed) L. C. Johnson, M. D.
(Address) Joplin, 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.

JUL 22 1933

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