

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

Do not use this space.

26055

1. PLACE OF DEATH

County dent
Township Spring Creek
City Spring Creek (No. _____)

Registration District No. 266
Primary Registration District No. 5370

File No. _____
Registered No. 49
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ 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. 8 mos. 5 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 married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Maye Dorn

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 24 - 1881

7. AGE YEARS 42 MONTHS 7 If LESS than 1 day, _____ hrs. or _____ min.

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

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) Crawford Mo.

13. NAME Joseph Dorn

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

15. MAIDEN NAME Augusta Rose

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

17. INFORMANT (ADDRESS) Frank Dorn

18. BURIAL, CREMATION, OR REMOVAL PLACE Cedar Knolls DATE 8/31

19. UNDERTAKER (ADDRESS) H. D. Hobson

20. FILED 8/31 1933 W. C. Rudolph Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/29th 1933

22. I HEREBY CERTIFY. That I attended deceased from August 4, 1933, to August 29, 1933
I last saw him alive on August 29, 1933. Death is said to have occurred on the date stated above, at 5:30 P. m.

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

Primary carcinoma of lesser curvature of stomach Date of onset Nov. 1932

Other contributory causes of importance: also (Pectoral metastasis)

Name of operation _____ Date of _____
What test confirmed diagnosis? Clinical Findings Where an autopsy? Yes

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) F. E. Smith, M. D.
(Address) Salem, Missouri

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.

SEP 26 1933

1-5-33

9

12

