

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

Do not use this space.

36460

**1. PLACE OF DEATH**

County Jackson Registration District No. 324  
 Township East Primary Registration District No. 1002  
 City Kansas City (No. 916, Forest) St. Mo. Ward

File No.   
 Registered No. 4375  
 St.  Ward

**2. FULL NAME**

Dorothy Dooley  
 (s) Residence, No. 916 Forest 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 <u>Female</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>unknown</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>unknown</u>		
7. AGE YEARS <u>40</u>	MONTHS <u>X</u>	DAYS <u>X</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>seamstress</u>		11. Total time (years) spent in this occupation <u></u>
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u></u>		
10. Date deceased last worked at this occupation (month and year) <u></u>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Spring Garden Mo.</u>		
13. NAME <u>George M. Dooley</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Spring Garden Mo.</u>		
15. MAIDEN NAME <u>unknown</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>		
17. INFORMANT (ADDRESS) <u>Mrs. H. E. Boneall Rt. 2 Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Russellville Mo. Nov 8, 1933</u>		
19. UNDERTAKER (ADDRESS) <u>H. Pigeon &amp; Sons Rt. 2 Mo.</u>		
20. FILED <u>Nov 8, 1933 M. M. Corwin Registrar.</u>		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/8/33 1933

22. I HEREBY CERTIFY that I attended deceased from Sept 1933 1933  
 I last saw him alive on 1933 Death is said to have occurred on the date stated above, at Mo.  
 The principal cause of death and related cause of importance were as follows:  
Unshut window of the Chest  
throat  
 Other contributory causes of importance:  
157  
1143  
 Name of operation Autopsy Date of 11/10/33  
 What test confirmed diagnosis Autopsy Was there an autopsy yes

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide Date of injury 11/8/33  
 Where did injury occur? 916 Forest St. Kansas City Mo.  
 (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.  
 Manner of injury Home  
 Nature of injury Throat by firearm

24. Was disease or injury in any way related to occupation of deceased?  
 If so, specify no  
 (Signed) [Signature]  
 (Address) [Address]

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

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31

1933

REC'D  
 DECEMBER 11 1933

