

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

Do not use this space. **53**
 42223-13
 File No. **L 87**
 Registered No. **L 87**
 St. _____ Ward _____

1. PLACE OF DEATH

County _____ Registration District No. **791**
 Township _____ Primary Registration District No. **1003**
 City **St. Louis** (No. **3923**, West Belle

2. FULL NAME

Emily Dorum
 (a) Residence, No. **3923 West Belle** St. **11** 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 Female	4. COLOR OR RACE Col.	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Unknown		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown		
7. AGE YEARS Abt. 88	MONTHS	DAYS
If LESS than 1 day, _____ hrs. or _____ min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework	
	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) Unknown		
FATHER	13. NAME Unknown	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown	
MOTHER	15. MAIDEN NAME Unknown	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown	
17. INFORMANT Lillian Britton (ADDRESS) 3923 West Belle		
18. BURIAL, CREMATION, OR REMOVAL PLACE Bellefontaine DATE 1/31 19 34		
19. UNDERTAKER C. W. Roberts (ADDRESS) 3035 Lucas Ave.		
20. FILED AW - 3 1934 J. F. Biedick Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **12-21** 19**33**

22. I HEREBY CERTIFY, That I attended deceased from **Dec. 15** 19**33** to **Dec. 21** 19**33**.
 I last saw him alive on **Dec 21** 19**33** Death is said to have occurred on the date stated above, at **2:15 p.m.**
 The principal cause of death and related causes of importance were as follows:
Lobar Pneumonia
 Date of onset _____

Other contributory causes of importance:
108
108

Name of operation _____ Date of _____
 What test confirmed diagnosis? **Clinical** Was there an autopsy? _____

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) **W. G. Young** _____, M. D.
 (Address) **2316 Market**

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 IS A PERMANENT RECORD

