Normal

Do not use this space.

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

APR 25 1934

1. PLACE OF DEATH
County: Pettis — Registration District No.: 668 — File No.: 9970
Township: — Primary Registration District No.: 3032 — Registered No.: 668
City: Sedalia (No. 602 So. Washington St. Ward)

2. FULL NAME: Lucinda Dorsey
(a) Residence, No. 602 So. Wash. 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: F
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: L.J.Dorsey

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug.17.1853

7. AGE: Years 80 — Months 6 — Days 27. — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At home
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): Georgetown Mo.

FATHER
13. NAME: Allen O'Bannon
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo.

MOTHER
15. MAIDEN NAME: Mary Bird
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Don't know

17. INFORMANT (ADDRESS): Mrs.J.Ed.Hall Sedalia Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Lamonte .Mo. DATE: Mar.16.1934

19. UNDERTAKER (ADDRESS): Gillespie Funeral Home Sedalia Mo.

20. FILED 3-16- 1934 Jean Slack Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Mar. 14.1934, 19

22. I HEREBY CERTIFY, That I attended deceased from Mch 3, 1934, to Mch 14, 1934
I last saw h. alive on Mch 14, 1934 Death is said to have occurred on the date stated above, at 9 a m.
The principal cause of death and related causes of importance were as follows:

Date of onset

Br-Pneumonia
9-5 Dr
Cardiac Nephrosis

Other contributory causes of importance:

Name of operation: Date of:
What test confirmed diagnosis? Clinical 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? No
If so, specify:
(Signed) Alfred E. Bowyer, M. D.
(Address) 111 W 4 Sedalia 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