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

Do not use this space.

1. PLACE OF DEATH
County St Louis — Registration District No. 788 — File No. 26292
Township Central — Primary Registration District No. 4471 — Registered No. 71
City Webster Groves (No. 203 Chestnut St. St. Ward)

2. FULL NAME Thomas J. Dormany
(a) Residence, No. 203 Chestnut St Webster Groves Mo. 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: 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~~ Clara Dormany

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) February 17-1868

7. AGE — YEARS 66 — MONTHS 4 — DAYS 22 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Proprietor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Billard + Pool Room
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 16

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Alabama

FATHER
13. NAME Unknown Dormany
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Georgia

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Georgia

17. INFORMANT (ADDRESS) Mrs Clara Dormany 203 Chestnut St Webster Groves

18. BURIAL, CREMATION, OR REMOVAL
PLACE New Pickers Cem DATE July 11, 1934

19. UNDERTAKER (ADDRESS) E. J. Schnur 3125 Lafayette Av.

20. FILED 7-11- 1934 Jules R. Nove Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 9, 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 11 A. m.
The principal cause of death and related causes of importance were as follows:

Suicide, due to despondency, over business failures, first tried to hang himself by the neck with rope, thrown over large limb, of plum tree, in back yard, rope

Date of onset

Other contributory causes of importance:
broke, immediately went into house, turned on three burners of gas range in the kitchen,

Name of operation Coroner's view Date of
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 7/10/34
(Signed) Luke B. Tinnon, M.D.
(Address) 3718 Jennings Rd Coroner St Louis, Mo., 0C0

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.

AUG 16 1934

100M-11-24-33

sat on chair, threw large green cloth over his head, and death then was caused by illuminating gas poisoning. Was found by his wife , as she came into the kitchen door.