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.

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

Do not use this space.

1. PLACE OF DEATH SEP 11 1934

County: Callaway — Registration District No. 104 — File No. 28487

Township: — Primary Registration District No. 3008 — Registered No. 218

City: Fulton — (No. State Hosp. No. 1 St. Ward)

2. FULL NAME Pauline Dorman

(a) Residence. No. St., Ward. Columbia Mo. (If nonresident, give city or town and State)

(Usual place of abode)

Length of residence in city or town where death occurred 2 yrs. 25 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 21, 1885

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
48	10	19	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Singer

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St. Louis Mo (STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Andrew F. Dorman

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Mississippi

12. MAIDEN NAME OF MOTHER Pauline Keller

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) New York N.Y.

14. INFORMANT Hospital Records (Address)

15. Filed Aug 10, 1934 R. M. Crews REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug. 9 1934

17. I HEREBY CERTIFY, That I attended deceased from June 1, 1933 to Aug. 9, 1934, that I last saw her alive on Aug. 8, 1934, and that death occurred, on the date stated above, at 12:40 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Manic Depressive Psychosis, depressed phase

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Heat exhaustion

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Ralph Hanks, M. D.

, 19 (Address) Fulton Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Joplin, Mo.	Aug 10 1934
20. UNDERTAKER Leo G. Wallace	ADDRESS Fulton Mo