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

FEB 28 1935

Do not use this space.

7353

1. PLACE OF DEATH

County ..... Registration District No. ..... File No. 7353

Township ..... Primary Registration District No. ..... Registered No. 1778

City St. Louis Mo (No. City Hospital #2 St. ..... Ward)

2. FULL NAME Ollie Dortch

(a) Residence, No. 206½ - S - 23rd St. 23 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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: Colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 28th 1896

7. AGE: YEARS 39 | MONTHS — | DAYS 20 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. general
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laborer
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) Arkansas

FATHER
13. NAME George Dortch
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ark.

MOTHER
15. MAIDEN NAME Lottie Noland
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ark.

17. INFORMANT (ADDRESS) Ruby Perdiant 2945 - Lawton

18. BURIAL, CREMATION, OR REMOVAL
PLACE Jefferson Barrack DATE 2-23 1935

19. UNDERTAKER (ADDRESS) Sneed P. Randle 1464 920 N. Leonard ave

20. FILED FEB 23 1935 19 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 18th 1935

22. I HEREBY CERTIFY, That I attended deceased from 2-7-1935, to 2-18-1935
I last saw him alive on 2-18-1935. Death is said to have occurred on the date stated above, at 12:50 A.M.
The principal cause of death and related causes of importance were as follows:

Intestinal Obstruction caused by adhesions from operation seven years ago - cause of previous operation unknown

Date of onset 2-7-35

Other contributory causes of importance:

Lobar pneumonia

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? .....
If so, specify .....
(Signed) William H. Sinkler M.D.
(Address) 2945 - Lawton Blvd