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.

JUN 24 1935

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

Do not use this space.

16368

1. PLACE OF DEATH
County JACKSON — Registration District No. 349
Township ~~KAW~~ — Primary Registration District No. 1002
City KANSAS CITY (No. ST. MARY'S HOSPITAL St. Ward)

File No.
Registered No. 1857

2. FULL NAME DR. JOHN J DORSEY
(a) Residence, No. 22-WEST-54TH 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: 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~~ MRS MARGHERITA DORSEY

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) MAY-31-1885

7. AGE: YEARS 49 — MONTHS 11 — DAYS ~~30~~ 0 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. PHYSICIAN & SURGEON
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 25

12. BIRTHPLACE (CITY OR TOWN) OSWEGO (STATE OR COUNTRY) NEW YORK

FATHER
13. NAME JOHN DORSEY
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 MR. JOHN W. DORSEY (ADDRESS) 22-WEST-54TH ST

18. BURIAL, CREMATION, OR REMOVAL
PLACE CALVARY DATE MAY-3 1935

19. UNDERTAKER D. W. NEWCOMER'S SONS (ADDRESS) KANSAS CITY, MISSOURI

20. FILED 5-2 1935 M. M. Crowe asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) MAY-1 1935

22. I HEREBY CERTIFY, That I attended deceased from Mar-5, 1935, to March 31, 1935
I last saw him alive on Mar. 31, 1935. Death is said to have occurred on the date stated above, at 10:00 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of the lungs.	?
22	

Other contributory causes of importance:

Intestinal tuberculosis	?
Laryngeal Tuberculosis	?

Name of operation none Date of
What test confirmed diagnosis? Xray 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) Lawrence E. Wood M. D.
(Address) 713 Medical Arts Bldg

2 1/2
2
31
31

11:30 ~~2:00~~ 1-4