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

Do not use this space.

18786

File No. .....

Registered No. 17

Registration District No. 881

Primary Registration District No. 6171

1. PLACE OF DEATH
County: Warren
Township: Elkhorn
City: Near Pendleton (No. ..... St. ..... Ward)

2. FULL NAME: Henry Dorhage

(a) Residence, No. ..... 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: Annie Hasselbrodt

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Mch 4th 1871

7. AGE: Years 64. Months 2. Days 17. If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer

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): Near Warrenton Missouri

FATHER

13. NAME: Ernest Dorhage

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): On Voyage from Germany

MOTHER

15. MAIDEN NAME: Louisa Frodderman

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

17. INFORMANT (ADDRESS): Wilford John Dorhage Warrenton Mo

18. BURIAL, CREMATION, OR REMOVAL: Cremation 5/23, 1935
PLACE: Macedonia Church

19. UNDERTAKER (ADDRESS): F. W. Kissling Warrenton Mo

20. FILED: 5/24, 1935 A. W. Uhlig, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 5/24, 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw him alive on ....., 19..... Death is said to have occurred on the date stated above, at 5 P. m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Aneurism body in Capacity of Coronary artery
Heart failure due to aneurism
Cause heart trouble, etc.
Confirmed by autopsy

Other contributory causes of importance: .....

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

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) John H. Pitt Coroner Warren Co., M. D.
(Address) .....

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.