

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

Do not use this space.

33580

1. PLACE OF DEATH: *Mo. Pettis*
 County *Pettis* Registration District No. *668*
 Township *Scalalia* Primary Registration District No. *2232*
 City *Scalalia* (No. *Rothwell Hospital*) St. _____
 Registered No. *313*
 (Ward) *667*

2. FULL NAME *Dorsie Ellen Closser*
 (a) Residence, No. *1900 S Grand* 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 *F*
 4. COLOR OR RACE *W*
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Single*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Jan 28 - 1938*

7. AGE YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<i>2</i>	<i>8</i>	<i>8</i>	

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

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) *Scalalia Mo.*

13. NAME *Henry J. Closser*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Missouri*

15. MAIDEN NAME *Dorsie Davis*

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

17. INFORMANT (ADDRESS) *H J Closser Scalalia Mo*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Oliver Beach* DATE *Oct 8 - 1938*

19. UNDERTAKER (ADDRESS) *McLaughlin Bros Scalalia Mo*

20. FILED *Oct 8 1938* *Frank Slack* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Oct 6 1938*

I HEREBY CERTIFY, that I attended deceased from *Sept 28 - 1938* to *Oct 6 - 1938*
 I last saw him alive on *Oct 6 1938* Death is said to have occurred on the date stated above, at *9:30 a.m.*

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

Illus Colitis Date of onset _____

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) *H J Closser*
 (Address) *Scalalia Mo*

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.

