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.

DEC 11 1935

85

35250

1. PLACE OF DEATH

County Buchanan — Registration District No. 1001 — File No. 1221

Township — Primary Registration District No. — Registered No.

City St. Joseph (No. St. Joseph's Hospital. St. Ward)

2. FULL NAME Joseph Dorner

(a) Residence, No. St., Ward. Carrollton Missouri.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 14 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 Isabelle Dorner

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 3, 1862.

7. AGE: YEARS 73 — MONTHS 5 — DAYS 19 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Farm
10. Date deceased last worked at this occupation (month and year) 1925
11. Total time (years) spent in this occupation 43

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Illinois

FATHER

13. NAME George Dorner
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Germany

MOTHER

15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Germany

17. INFORMANT (ADDRESS) G. A. Dorner Carrollton Missouri.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Carrollton, Missouri DATE Nov. 24, 1935

19. UNDERTAKER (ADDRESS) H. O. Sidenfaden 1802 Union Street, St. Joseph, Mo.

20. FILED 11-23, 1935 John R. Bender, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 22, 1935.

22. I HEREBY CERTIFY, That I attended deceased from Nov 8, 1935, to Nov 22, 1935

I last saw him alive on Nov 21, 1935 Death is said to have occurred on the date stated above, at 1:20 A m.

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

Chronic Pyo-nephritis — Date of onset

Uremia

137

Other contributory causes of importance:

Hypertrophied

Prostate

Name of operation none Date of

What test confirmed diagnosis? — 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) Charles Granberg, M. D.

(Address) St Joseph Mo

100M-11-24-33