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

DEC 19 1935

Do not use this space.

39495

1. PLACE OF DEATH

County JACKSON — Registration District No. 399 — File No.

Township KAW — Primary Registration District No. 1002 — Registered No. [illegible]

City KANSAS CITY (No. ST. JOSEPH'S HOSPITAL St. Ward)

2. FULL NAME ELMER FRANK DORSEY

(a) Residence, No. 3246-EAST-29TH ST. (Usual place of abode) Ward. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 50 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): WIDOWED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: MRS. JOSEPHINE DORSEY

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): SEPT-4-1865

7. AGE: YEARS 70 — MONTHS 3 — DAYS 1 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: ENGINEER
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): 1932
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): WASHINGTON D. C.

FATHER

13. NAME: FRANK DORSEY
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): MARYLAND

MOTHER

15. MAIDEN NAME: MARY GARNER
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): MARYLAND

17. INFORMANT (ADDRESS): MRS. J. RUSSELL INMAN 5616-WOODLAND AVE.

18. BURIAL, CREMATION, OR REMOVAL PLACE: MT. MORIAH DATE: DECEMBER-7-1935

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

20. FILED: Dec 6, 1935 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Nov 26, 1935, to Dec 5, 1935

I last saw him alive on Dec 4, 1935 Death is said to have occurred on the date stated above, at 4:05 A.m.

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

	Date of onset
Topic Myocarditis	11/26/35
Other contributory causes of importance:	
Bronchopneumonia	12/3/35

Name of operation X Date of X

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? no

If so, specify

(Signed) [illegible], M. D.

(Address) 925 [illegible]

925 Argyle Bldg.
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