

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.

OCT 21 1936

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

Do not use this space.

33982

1. PLACE OF DEATH
County Cole Registration District No. 213
Township Jefferson Primary Registration District No. 3014
City Jefferson (No. 1) St. Jefferson Ward 1

2. FULL NAME Victor Paul Dorchhoff
(a) Residence, No. 913 S. main St. Jefferson Ward 1
(Usual place of abode)
Length of residence in city or town where death occurred 1 1/2 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

File No. _____
Registered No. 263
St. _____ Ward _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Dec 25 - 1901

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Ms. Bertha Heinrichs

7. AGE YEARS 34 MONTHS 8 DAYS 24 If LESS than 1 day, _____ hrs. or _____ min.

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Wells Fargo

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) Elizabeth Mo

13. NAME Victor Paul Dorchhoff

14. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) Mo

15. MAIDEN NAME Elizabeth Pax

16. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) Mo

17. INFORMANT (ADDRESS) Mrs. P. Dorchhoff

18. BURIAL, CREMATION, OR REMOVAL PLACE Lawrence DATE Oct 21 36

19. UNDERTAKER (ADDRESS) James J. Lawrence

20. FILED 9-22-1936 Registrar M. D. [Signature]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 19 1936

22. I HEREBY CERTIFY That I attended deceased from Sept 2nd 1936 to Sept 19 1936

I last saw him alive on Sept 18 1936 Death is said to have occurred on the date stated above, at 1050a. m.

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

Bronchial Asthma with Terminal Pneumonia

Date of case: beds present

Other contributory causes of importance: Anaemia

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? yes

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) Jas. W. [Signature] M. D.
(Address) Beck Bldg., Jefferson City, Mo.

