

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.

JAN 21 1936

1. PLACE OF DEATH

County Montana
Township Winters
City California (No.)

Registration District No. 571
Primary Registration District No. 4335

File No. 45532
Registered No. 73
St. Ward)

2. FULL NAME

Storah Evelyn Dorzab

(a) Residence, No. St. Ward.

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female
4. COLOR OR RACE N
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 4 1936

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

22. I HEREBY CERTIFY, That I attended deceased from Oct 9, 1936 to Dec 4, 1936.
I last saw her alive on Dec 4, 1936. Death is said to have occurred on the date stated above, at 7:30 A.M.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 19 1953

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
82 11 18

Other contributory causes of importance:
Arteriosclerosis

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) Montana

13. NAME Austin Longan

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Montana

15. MAIDEN NAME Evelyn McDonald

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Montana Co

17. INFORMANT (ADDRESS) Henry Dorzab California Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE New Hope DATE 12/6 1936

19. UNDERTAKER (ADDRESS) Hillebrand & Friedmeyer California Mo

20. FILED 12-5-1936 H. H. Peppay Registrar.

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. H. Peppay
(Address) California, Mo.

