JUN 25 1937

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

Do not use this space.

File No. 20864

Registered No. 18

1. PLACE OF DEATH

County: Oregon

Township: Piney

City: (No. , 2 St. Ward)

Registration District No. 670

Primary Registration District No. 5844

2. FULL NAME: Oliver Kendorris

(a) Residence, No. (Usual place of abode) St., Ward. (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: M

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: Opal Cotton

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 2-28-1906

7. AGE: Years 31 Months 2 Days 25 If LESS than 1 day, hrs. or min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: News Paper

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): Alton Mo

FATHER

13. NAME: E.P.Dorris

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Calloway Co Mo

MOTHER

15. MAIDEN NAME: Effie Bates

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Oregon Co Mo

17. INFORMANT (ADDRESS): Gordon Dorris Alton Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE: Alton Mo. DATE: 5/25/37, 19

19. UNDERTAKER (ADDRESS): Leo Carr Thayer Mo.

20. FILED: 5/25, 1937 Enoch Bailey Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 5/25/37, 19

22. I HEREBY CERTIFY, That I attended deceased from , 19, to , 19

I last saw h. alive on , 19. Death is said to have occurred on the date stated above, at 5.00 m. PM.

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

Date of onset

Basal Fracture of Skull

Other contributory causes of importance:

194B1

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? Alton Mo (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury: Hit by Base ball

Nature of injury:

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed): Leo Carr, M. D.

(Address): Thayer Mo

Coroner

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.