

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.

AUG 22 1937

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County BuchananRegistration District No. 85Township St. JosephPrimary Registration District No. 1001City St. Joseph(No. State Hospital #2)File No. 26724Registered No. 812St. St. JosephWard Ward

2. FULL NAME

(a) Residence, No. 403 Oak

(Usual place of abode)

St. St. JosephWard Ward

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 2 yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

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 OFH. Dockhorn

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

1-9-1886

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, ... hrs.
or min.51617

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.housewife9. 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)Marionville, Mo

FATHER

13. NAME

Henry Dobson14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Madison, Indiana

MOTHER

15. MAIDEN NAME

Sarah Carter16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Madison, Indiana17. INFORMANT
(ADDRESS)State Hosp. Records #2

18. BURIAL, CREMATION, OR REMOVAL

PLACE Belmont Bethel Kan DATE July 22, 193719. UNDERTAKER
(ADDRESS)Walter Meierhoffer
1302 Garrison St.

20. FILED

7-21, 1937H. Dockhorn
Registrar.

MEDICAL CERTIFICATE OF DEATH

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

7-21, 1937

22. I HEREBY CERTIFY, That I attended deceased from

7-19, 1937, to 7-21, 1937I last saw him alive on 7-20, 1937. Death is saidto have occurred on the date stated above, at 2:00 p.m.

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

Bilateral
pulmonary
tuberculosis prior May
1937

Date of onset

Other contributory causes of importance:

22

Name of operation

Date of

What test confirmed diagnosis? Ray 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

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) C. B. Raxton, D.D.S., Jr. M. D.(Address) State Hospital #2St. Joseph, Mo.

