

REG'D OCT 21 1938

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

32533
Do not use this space.

1. PLACE OF DEATH

(a) County Johnson Registration District No. 431
 (b) Township 1 Primary Registration District No. 3023
 (c) City Warrensburg (d) Street No. _____ St. _____
 (e) Length of residence in city or town where death occurred yrs. mos. ds. _____ (f) How long in U. S., if of foreign birth? yrs. mos. ds. _____

2. PRINT FULL NAME Lee Clark Dorland 61 1/2

(a) Residence, No. _____ St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 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 Corine Dorland

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan-15-1901

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
37 7 17

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Trucking

9. Industry or business in which work was done, as 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) Arkansas

FATHER 13. NAME Reece Dorland

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

MOTHER 15. MAIDEN NAME Maggie Lytle

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

17. INFORMANT (ADDRESS) Mrs. C. J. Van Bibber
Warrensburg, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Sunset Hill DATE Sept 3, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Sweeney Phillips
Warrensburg, Mo

20. FILED Sept 3, 1938 Earl Bentley
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sep-2-1938

22. I HEREBY CERTIFY, That I attended deceased from March, 1938, to 9-2, 1938
 I last saw him alive on 9-2, 1938 Death is said to have occurred on the date stated above, at 7:00 A.M.
 The principal cause of death and related causes of importance were as follows:
Carcinoma of Lung
47A
 Date of onset 3/28/38

Other contributory causes of importance: Syphilis

Name of operation none Date of _____
 What test confirmed diagnosis? X-ray + culture 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? no
 If so, specify _____
 (Signed) P. Lee Cooper, M. D.
 (Address) Warrensburg, Mo

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.

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 10/5/38

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.