

REG'D JAN 13 1938

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

41904

Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
(b) Township Kane Primary Registration District No. 1002 Registered No. 4970
(c) City Jackson City (d) Street No. Netherlands Hotel St. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
(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

William Henry Fiske Doerr
(a) Residence, No. Netherlands Hotel St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

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 Etta Doerr
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 2 1869
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 69 10 18
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired Farmer
9. Industry or business in which work was done, as saw mill, bank, etc. Mule Dealer
10. Date deceased last worked at this occupation (month and year) 1930 11. Total time (years) spent in this occupation 35 1/2

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lancaster Pa.

FATHER 13. NAME John B. Doerr

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Alsace Lorraine France

MOTHER 15. MAIDEN NAME Elizabeth Cloud

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

17. INFORMANT (ADDRESS) Mr. Etta Doerr Netherlands Hotel

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE Dec. 23 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) W. H. Newcomer & Sons 2717 Olive St. & Paale

20. FILED Dec 22 1938 M. M. Brown Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 20 1938

22. I HEREBY CERTIFY, That I attended deceased from 12/14, 1938 to 12/20, 1938. I last saw him alive on 12/20, 1938. Death is said to have occurred on the date stated above, at 8 P. m.

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

Bronchopneumonia
94B.

Date of onset

Other contributory causes of importance: Right coronary thrombosis.

Name of operation _____ Date of _____
What test confirmed diagnosis? autopsy 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) Charles H. White, M. D.
_____, (Address) 925 Maple St. Jackson

00
1330
136

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.....

Neil Carr

Licensed Embalmer No.

3976

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.