

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

2886
Do not use this space.

1. PLACE OF DEATH

(a) County Henry Registration District No. 347
 (b) Township _____ Primary Registration District No. 3018 Registered No. _____
 (c) City Clinton (d) Street No. _____ 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

Charles Douglass Dorman 655
 (a) Residence, No. Clinton 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) Widow
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Florence Dorman
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1-29-1853
 7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
85 0 6
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Merchant
 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 Life
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky
 FATHER 13. NAME J. D. Dorman
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky
 MOTHER 15. MAIDEN NAME Dolphia Miller
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Baltimore Maryland
 17. INFORMANT (ADDRESS) Oscar Dorman Clinton Mo
 18. BURIAL, CREMATION, OR REMOVAL PLACE Cingewood DATE 2-7 1925
 19. FUNERAL DIRECTOR (ADDRESS) Fred C. Wilkinson Clinton Mo
 20. FILED Feb 8 1925 J. B. Hampton Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-5 1928
 22. I HEREBY CERTIFY, That I attended deceased from Jan 15, 1928 to Feb 4, 1928
 Last saw him alive on February 4, 1928 Death is said to have occurred on the date stated above, at 7:10 A.M.
 The principal cause of death and related causes of importance were as follows:
Acute Lobar Pneumonia
 Date of onset 2/1/28
 Other contributory causes of importance: 103
 Name of operation _____ Date of _____
 What test confirmed diagnosis? Culture 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 _____, 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 Yes
 (Signed) S. W. Mother, M. D.
 (Address) Clinton 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

FEB 24 1938

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MO. STATE BOARD OF HEALTH

STATEMENT BY LICENSED EMBALMER

I, Fred Wilkinson, Licensed Embalmer No. 2478

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. or by, Registered Apprentice No.

working under my personal supervision.

Signed Fred Wilkinson

Licensed Embalmer No. 2478

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.)