

JUL 19 1930

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

Do not use this space.

19228

1. PLACE OF DEATH

24 County Clay Registration District No. 198 File No. _____
Township Livingston Primary Registration District No. 3011 Registered No. _____
2 City Excelsior Springs (No. _____) St. _____ Ward _____

2. FULL NAME

Oswald D. Dorton
(a) Residence, No. 250 E. Broadway St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Etta Ann Dorton</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct 25, 1878</u>		
7. AGE	YEARS	MONTHS
<u>56</u>	<u>7</u>	<u>12</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Paint Store</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>x</u>		
10. Date deceased last worked at this occupation (month and year) <u>June 6, 1925</u>		11. Total time (years) spent in this occupation <u>40</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Orrick, Mo.</u>		
13. NAME <u>Joseph W. Dorton</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ky</u>		
15. MAIDEN NAME <u>Mary Jackson</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Richmond, Mo.</u>		
17. INFORMANT <u>Etta Ann Dorton</u> (ADDRESS) <u>Excelsior Springs, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL <u>South Point</u> PLACE <u>Orrick, Mo.</u> DATE <u>6-9-25-19</u>		
19. UNDERTAKER <u>Herbert Hope</u> (ADDRESS) <u>Excelsior Springs, Mo.</u>		
20. FILED <u>6-8-1930</u> <u>mm</u> <u>Heath-Craven</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 7, 1930

22. I HEREBY CERTIFY that I attended deceased from June 6, 1930, to June 7, 1930.
I last saw him alive on June 7, 1930. Death is said to have occurred on the date stated above, at 11:00 a.m.
The principal cause of death and related causes of importance were as follows:
Arterio Sclerosis
Pulmonary Haemorrhage
Date of onset _____

Other contributory causes of importance
None

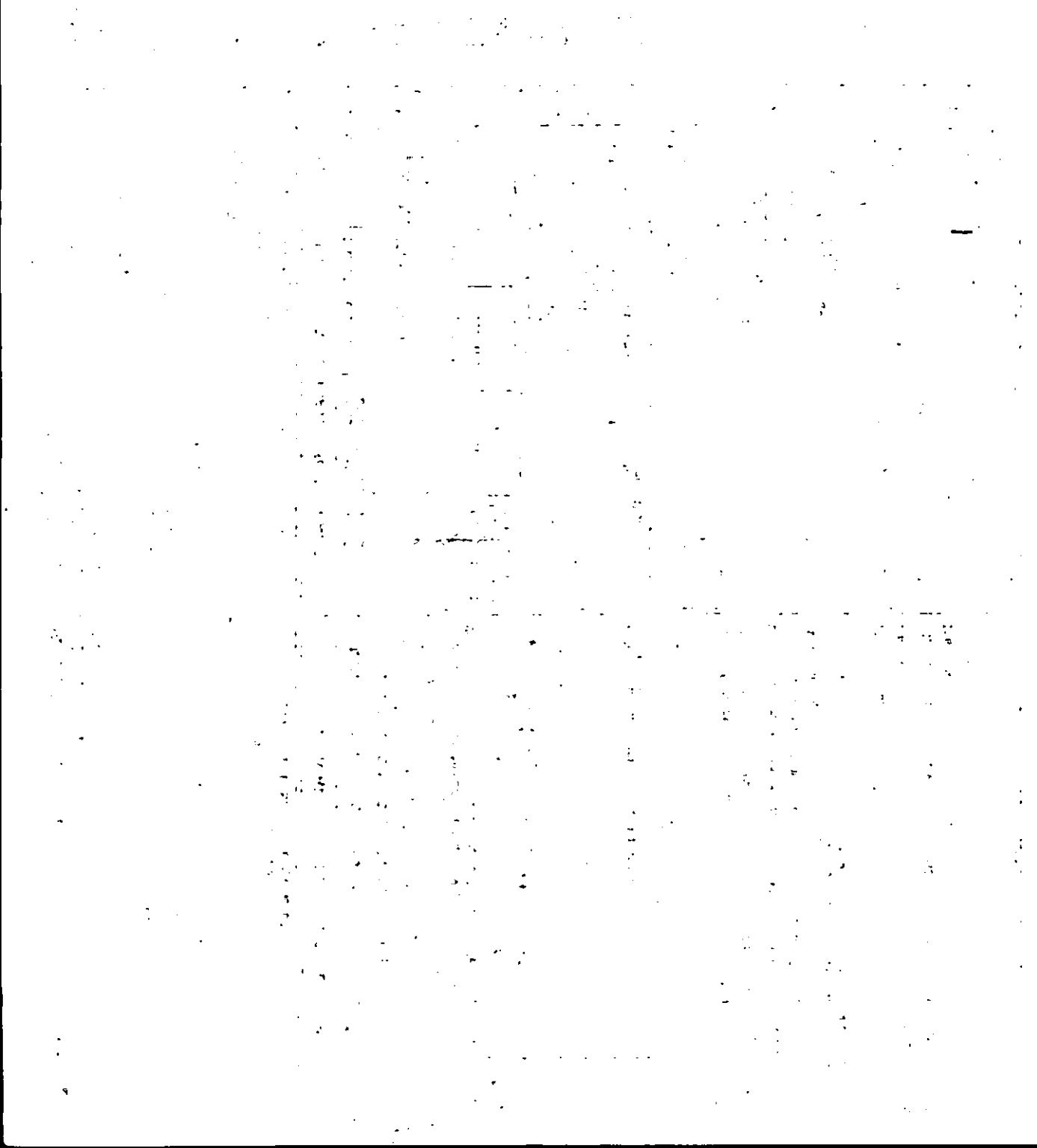
Name of operation _____ Date of _____
What test confirmed diagnosis? Clinical Was there an autopsy? No

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? No
If so, specify _____
(Signed) J. J. James, M. D.
(Address) Excelsior Springs, 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.



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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Clay Registration District No. 198 File No. _____
Township _____ Primary Registration District No. 3011 Registered No. _____
City Excelsior Springs St. _____ Ward _____

2. FULL NAME Oswald H. Dorton

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

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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 Ann Dorton

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 25 1878

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
56 7 12

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Paint Store
9. 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) June 6 - 1935
11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Orick Mo.

FATHER 13. NAME Joseph H. Dorton

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

MOTHER 15. MAIDEN NAME Mary Jackson

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

17. INFORMANT (ADDRESS) Etta M Dorton Excelsior Springs Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Orick Mo DATE 6-9-1935

19. UNDERTAKER (ADDRESS) Herbert Dupa Excelsior Springs Mo

20. FILED 6-8-1935 Ma Rea Mc Cracker Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 7 1935

I HEREBY CERTIFY, That I attended deceased from June 6 - 1935, to June 7 1935. I last saw him alive on June 7 1935. Death is said to have occurred on the date stated above, at 10 - A. m.

The principal cause of death and related causes of importance were as follows:
Arterio Sclerosis Date of onset _____

Other contributory causes of importance:
Pulmonary Hemorrhage
No Tuberculosis

Name of operation _____ Date of _____
What test confirmed diagnosis? Clinical 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? no

If so, specify _____

(Signed) W. J. James, M. D.

(Address) Excelsior Springs Mo.

CRUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

5-19228