

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

Do not use this space.  
**28395**  
File No. \_\_\_\_\_  
Registered No. **7917**  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**1. PLACE OF DEATH**

County..... Registration District No. **791**  
Township..... Primary Registration District No. **1003**  
City **St. Louis** (No. **4167**) **Island**

**2. FULL NAME**

**Frank Howard Dorney**  
(a) Residence. No. **4167** **Island** St. **10** Ward.

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**

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 **Rose Dorney**

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **July 29 1871**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
**56** | **1** | **4** |

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work **Bookkeeper**  
(b) General nature of industry, business, or establishment in which employed (or employer)  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) **Jeffersonville**  
(STATE OR COUNTRY) **Indiana**

PARENTS

10. NAME OF FATHER **Josiah C. Dorney**

11. BIRTHPLACE OF FATHER (CITY OR TOWN) **Maryland**  
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER **Mary Gault**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) **Wilford**  
(STATE OR COUNTRY) **Ohio**

14. INFORMANT **Rae M. Dorney**  
(Address) **4167 Island St.**

15. FILED **SEP 25 1927** **Max C. Stakoff**  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) **Sept. 5 1927**

17. I HEREBY CERTIFY That I attended deceased from **July 27**, 1927, to **Sept 5**, 1927, that I last saw him alive on **Sept 30**, 1927, and that death occurred, on the date stated above, at **10:00 p.m.**

18. THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
**Tuberculous**  
**Bronch. Pneumonia**

CONTRIBUTORY (SECONDARY) **Bronch. Pneumonia**  
(duration) yrs. mos. ds. **2**

18. WHERE WAS DISEASE CONTRACTED?  
**72**  
IF NOT AT PLACE OF DEATH?

0 DID AN OPERATION PRECEDE DEATH? **no** DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? **no**

WHAT TEST CONFIRMED DIAGNOSIS? **Clinical Findings**  
(Signed) **Thomas H. Lester**, M. D.  
, 19 (Address) **729 N. Grand**

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL **Jeffersonville Ind.** DATE OF BURIAL **9-6 1927**

20. UNDERTAKER **Witt Bros L & U. Co. 2924 S. Jefferson Co.**  
ADDRESS

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.

