

Dorning, Harry R 1895 - 1935

Dr. Abbott
12686

Form V. S. 1-A
COMMONWEALTH OF KENTUCKY
State Board of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1. PLACE OF DEATH
County Scott
City Covington
Reg. Dist. No. 790
Primary Reg. Dist. No. 2290

2. FULL NAME Harry Dorning
(a) Residence, No. 530 W. 13th St.
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.

PERSONAL AND STATISTICAL PARTICULARS					MEDICAL CERTIFICATE OF DEATH	
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed or Divorced, (write the word) <u>Married</u>			21. DATE OF DEATH <u>May 24</u> , 19 <u>35</u>	
6a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>William Will</u>				22. I HEREBY CERTIFY, That I attended deceased from <u>May 17</u> , 19 <u>35</u> to <u>May 20</u> , 19 <u>35</u> . I last saw <u>him</u> alive on <u>May 24</u> , 19 <u>35</u> . death is said to have occurred on the date stated above, at <u>8</u> P. M. The principal cause of death and related causes of importance in order of onset were as follows: <u>Hemorrhage of bowels supposed to have been caused by ulcers of the Duodenum</u>		
7. AGE Years <u>40</u> Months <u>1</u> Days <u>13</u>		8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. <u>Clerk</u>		Date of onset		
9. Industry or business in which work was done, as silk mill, sawmill, bank, etc.		10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation		
12. BIRTHPLACE <u>Covington, Ky.</u>					Name of operation..... Date of..... What test confirmed diagnosis?..... Was there an autopsy?.....	
13. NAME <u>Benjamin Dorning</u>		14. BIRTHPLACE <u>Germany</u>			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.	
15. MAIDEN NAME <u>Rose S. Allen</u>		16. BIRTHPLACE <u>Covington, Ky.</u>			Manner of injury..... Nature of injury.....	
17. INFORMANT <u>William Dorning</u> (Address) <u>530 W. 13th St.</u>					24. Was disease or injury in any way related to occupation of deceased? <u>No</u> . If so, specify..... (Signed) <u>D. L. Abbott</u> , M. D. (Address) <u>2239 Madison Ave.</u>	
18. BURIAL, CREMATION, OR REMOVAL Place <u>Methodist</u> Date <u>May 27</u> , 19 <u>35</u>					19. UNDERTAKER <u>John W. Woodruff</u> (Address) <u>1917 Main St.</u>	
20. FILED <u>May 27</u> , 19 <u>35</u> <u>Mrs. H. C. Abbott</u> Registrar					Covington Ky	