

207-35

PLACE OF DEATH, DIST. NO.

City and County of **SAN FRANCISCO**

STATE OF CALIFORNIA
DEPARTMENT OF PUBLIC HEALTH
VITAL STATISTICS

Local Registered No. **7214**

28-059170

STANDARD CERTIFICATE OF DEATH

(No. **St. Mary's Hospital** / Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
Charles William Dorman

READ THE INSTRUCTIONS ON BACK OF THIS CERTIFICATE

FULL NAME

PERSONAL AND STATISTICAL PARTICULARS

SEX **Male** COLOR OR RACE **White** SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) **Married**
MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (or) WIFE OF **Virginia Dorman**
DATE OF BIRTH **April 23 1898**
AGE **30** years **6** months **15** days or min.

OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (for employer)
Police officer

(c) Name of employer
BIRTHPLACE (State or country) **San Francisco, Cal.**

NAME OF FATHER **Charles Dorman**

BIRTHPLACE OF FATHER (city or town) **California**

MAIDEN NAME OF MOTHER **Margaret Howell**

BIRTHPLACE OF MOTHER (city or town) **Ohio**

LENGTH OF RESIDENCE
At Place of Death **Life** years months days
(If non-resident, give city, town and state)
In California **Life** years months days
How long in U. S. if of foreign birth? years months days

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) **Halsted & Co.,**
(Address) **1123 Sutter St.**

HOME ADDRESS **1700 Octavia St.**
William O. Haeslop
Register or Deputy

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH **Nov. 15th 1928**
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from **October 21 1928** to **November 15th 1928**
that I last saw him alive on **November 15th 1928**
and that death occurred on the date stated above at **12:30 P.M.**
The CAUSE OF DEATH* was as follows:

Embolism of Coronary Artery.
Inquested by Coroner **Nov 20, 1928**

Instant. (Duration) years months days

Contributory **Fracture of Left Patella while playing base ball.** months **25** days
accidental

If not at place of death?
Did an operation precede death? **Yes** Date of **Oct. 29th 1928**
Was there an autopsy? **No**

What test confirmed diagnosis? **Sudden Death.**
(Signed) **Paul Hoffman** M. D.
11/16 1928. (Address) **1258 Flood Bld'g.**

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether (probably) ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

PLACE OF BURIAL OR REMOVAL **Wood Lawn** BUREAU **Nov. 17 1928**
UNDERTAKER **Halsted & Co** ENBALMER'S LICENSE No. **727**

ADDRESS **1123 Sutter St.**

No. Don't use 1928