

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

CITY AND COUNTY OF SAN FRANCISCO

Dept. Pub. Health, Birth and Mort. Div. F. No. 2

1 PLACE OF DEATH
City and County of
San Francisco

California State Board of Health
Bureau of Vital Statistics

DUPLICATE CERTIFICATE OF DEATH

Local Registered No. 932

No. Relief Home for Aged & Infirm Dist.

2 FULL NAME Henry T Dorry

(If death occurred in a hospital or institution, give its name instead of street and number, and fill out No. 18.)

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) Single

16 DATE OF DEATH Feb 12 1915
Month Day Year

6 DATE OF BIRTH May 2 1846
Month Day Year

17 I HEREBY CERTIFY That I attended deceased from Jan 31 1915, to Feb 12 1915, that I last saw him alive on Feb 12 1915, and that death occurred on the date stated above at

7 AGE 68 yrs., 9 mos., 10 ds. or min?
If Less than 1 day... hrs. 11 15

18 The CAUSE OF DEATH* was as follows:
Apoplexy

8 OCCUPATION (a) Trade, profession or particular kind of work Carpenter
(b) General nature of industry business, or establishment in which employed (or employer) Inmate Relief Home

9 BIRTHPLACE (State or country) Germany

10 NAME OF FATHER John Dorry

11 BIRTHPLACE OF FATHER (State or country) Germany

12 MAIDEN NAME MOTHER Mary Broderson

13 BIRTHPLACE OF MOTHER (State or country) Germany

13a LENGTH OF RESIDENCE At Place of Death 23 Days
In California 35 years, - months

14 The above is true to the best of my knowledge (Informant) C.M. Wollenberg
(Address) Relief Home for Aged and Infirm

15 Filed Feb 23 1915 F.C. Brodric Registrar or Deputy.

(Duration) yrs. mos. ds. Arterio sclerosis

Contributory (Secondary) Signed Vincent C. Derham, M. D.

Feb 13 1915 Address Head Bldg

*State the disease causing death, or in deaths from violent causes, state (1) Means of Injury, (2) whether Accidental, Suicidal or Homicidal.

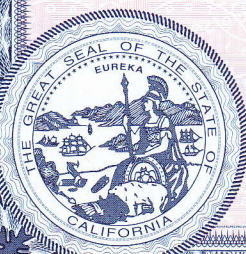
18 Special Information only for Hospitals, Institutions, Transients or Recent Residents Former or Usual Residence 2040 Scott St How Long at Place of Death 23 Days Where was disease contracted, if not at place of death?

19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Cypress Lawn Cemetery Feb 14/15

20 UNDERTAKER Western Addition Funeral Direct

ADDRESS 1724 Divisadero St

INFORMATIONAL, NOT A VALID DOCUMENT TO ESTABLISH IDENTITY



STATE OF CALIFORNIA, CITY AND COUNTY OF SAN FRANCISCO
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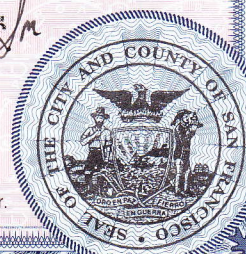
DATE ISSUED FEB 01 2011

This copy is not valid unless prepared on an engraved border, displaying the date, seal and signature of the City and County Health Officer.



Tomas Aragón, M.D., Dr.P.H.

Mitchell Katz, M.D.
Health Officer and Local Registrar



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE