OCT 26 1928

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

Do not use this space.

30272

1. PLACE OF DEATH
County Grundy
Township
City Trenton (No. St. Ward)
Registration District No. 330
Primary Registration District No. 3017
File No.
Registered No.

2. FULL NAME Wm Conrad Doolin
(a) Residence. No. E "14" St., Ward.
(Usual place of abode) (If nonresident give city or town and State)
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

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~~ alice Doolin

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 12-1870

7. AGE: Years 58 | Months 7 | Days 18 | If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

PARENTS
10. NAME OF FATHER W. H. Doolin
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Va
12. MAIDEN NAME OF MOTHER Sarah Johnson
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

14. INFORMANT Mrs Alice Doolin
(Address) Trenton Mo.

15. FILED 5 Oct 28 E. A. Deeffz REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 30 - 1928

17. I HEREBY CERTIFY, That I attended deceased from Aug 15, 1928, to Sept 30, 1928, that I last saw him alive on Sept 30, 1928, and that death occurred, on the date stated above, at 3:00 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: acute Lobar Pneumonia - Probably terminal Complicating Carcinoma of the Stomach
46B (duration) yrs. mos. 1 ds.
CONTRIBUTORY (SECONDARY) Cancer of Stomach
(duration) yrs. 3 mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? ✓
DID AN OPERATION PRECEDE DEATH? no DATE OF ✓
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? ✓

(Signed) E J Mains, M. D
10/2, 1928 (Address) Trenton Mo

*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: Maple Grove
DATE OF BURIAL: Oct-1 1928

20. UNDERTAKER: Gipson Funeral Home
ADDRESS: Trenton 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.

THIS IS A PERMANENT RECORD