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

Do not use this space.

31597

1. PLACE OF DEATH St. Louis
County: Carondelet
Township: ~~Koch~~
City: (No. Koch Hospital St. Ward)
Registration District No. 1123
Primary Registration District No. 6248 B,
File No.
Registered No. 998

2. FULL NAME Dolan Joe
(a) Residence. No. 3020 Rolla Place St., Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred x yrs. x mos. 7 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: May Dolan

6. DATE OF BIRTH (MONTH, DAY AND YEAR): May 7 1895

7. AGE: Years 33 | Months 3 | Days 27 | If LESS than 1 day, ___ hrs. or ___ min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Shipping Clerk
(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): Missouri

PARENTS
10. NAME OF FATHER: Frank Dolan
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Ills
12. MAIDEN NAME OF MOTHER: Anna Kelly
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Mo.

14. INFORMANT: Koch Hospital Records
(Address): Koch Mo.

15. FILED Sept. 5 1928 L. C. Obrock M.D. (REGISTRAR)

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Sept. 4 1928

17. I HEREBY CERTIFY, That I attended deceased from Aug 28 Sept. 1 1928 to Sept 4 1928, that I last saw him alive on Sept 4 1928, and that death occurred, on the date stated above, at 9:35 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
23A Pulmonary Tuberculosis
~~Sorbin cut, G. I.~~ Tbc.
About x 4 (duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) About x 2 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Unknown
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? X Ray & Sputum
(Signed) P. L. Ehrlich M.D.
9/4/28 1928 (Address) Koch Hospital Koch 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: Calvary Cemetery
DATE OF BURIAL: 9/7 1928
20. UNDERTAKER: Arthur J Donnelly
ADDRESS: 2039 Washington

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.

WRITE PLAINLY, WITH INDELIBLE INK—THIS IS A PERMANENT RECORD