

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

Do not use this space.

40899

**1. PLACE OF DEATH**

County Jackson  
Township New  
City Kansas City

Registration District No. 399  
Primary Registration District No. 1002

File No. \_\_\_\_\_  
Registered No. 5305  
St. \_\_\_\_\_ Ward) \_\_\_\_\_

**2. FULL NAME**

(a) Residence. No. 1316 Olive 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 <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>married</u>
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs Elsie Doran

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 1-1889

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>40</u>	<u>0</u>	<u>22</u>	

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work. Butcher  
(b) General nature of industry, business, or establishment in which employed (or employer). Playman Market 9th & Charlotte  
(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Chase Kansas  
(STATE OR COUNTRY) \_\_\_\_\_

10. NAME OF FATHER Jno Edwond Doran

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ill  
(STATE OR COUNTRY) \_\_\_\_\_

12. MAIDEN NAME OF MOTHER Julia Morse

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Mo.  
(STATE OR COUNTRY) \_\_\_\_\_

14. INFORMANT Fred J. Doran  
(Address) 1826 N 27th St K.C.Mo.

15. FILED 12/25, 1929 M. M. Crowe  
REGISTRAR Arar

**MEDICAL CERTIFICATE OF DEATH** Monday

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12-23 1929

17. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred, on the date stated above, at 10:30 a m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Chronic myocarditis  
930

(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
CONTRIBUTORY (SECONDARY) Chronic Myocarditis  
(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

18. WHERE WAS DISEASE CONTRACTED 9010  
IF NOT AT PLACE OF DEATH \_\_\_\_\_  
DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? Yes  
WHAT TEST CONFIRMED DIAGNOSIS? Autopsy  
(Signed) Harvey M. Sidel, M. D.

12/23, 1929 Address Deputy Coroner  
\*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 Woodlawn K.C.Mo. DATE OF BURIAL Dec 26 1929

20. UNDERTAKER Eglar Funeral Home ADDRESS 1800 Linwood

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.

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