

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

Do not use this space.

12846

1. PLACE OF DEATH
 County Jackson Registration District No. 399
 Township Kaw Primary Registration District No. 100
 City Kansas City (No. 1215 W. 40) St. _____ (Ward) _____

2. FULL NAME DORAN, Edward
 (a) Residence, No. 1215 W. 40 St. 7 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 Anna Doran

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 31, 1864

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
65 10 21

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Police Sargeant
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) New York
 (STATE OR COUNTRY)

10. NAME OF FATHER John Doran
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ireland
 (STATE OR COUNTRY)
 12. MAIDEN NAME OF MOTHER Katherine McCarthy
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Missouri
 (STATE OR COUNTRY)

14. INFORMANT Mrs. Edward Doran.
 (Address) 1215 W. 40th, K.C. Mo.

15. FILED 4/23, 30 M. M. Crowe
 1930 REGISTRAR
Crowe

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4-21 1930

17. I HEREBY CERTIFY, That I attended deceased from _____, 1930, to April 21, 1930 that I last saw him alive on April 21, 1930, and that death occurred, on the date stated above, at 9 P.M.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Chronic Myocarditis
931

CONTRIBUTORY (SECONDARY) _____ (duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED _____ IF NOT AT PLACE OF DEATH.

8 DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS _____
4/ (Signed) J. P. Hall M. D.
127, 1930 (Address) 626 Lathrop Bldg.

*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 St. Mary's Cemetery K.C. Mo. DATE OF BURIAL 4/24/1930

20. UNDERTAKER Melody McGilley Funeral Home ADDRESS K.C. 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.

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1-0984