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.

APR 21 1931

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

Do not use this space.

9191

1. PLACE OF DEATH
County Clay — Registration District No. 198
Township Fishing River — Primary Registration District No. 3011
City Excelsior Springs, Mo. (No. U. S. Veterans Hospital St. 3rd Ward)

File No.
Registered No. 21

2. FULL NAME EDWARD DOOLIN
(a) Residence, No. Vandalia, Missouri St., Ward. Vandalia, Missouri
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Victoria Doolin

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 25, 1893

7. AGE: 38 YEARS — MONTHS: 1 — DAYS: 7 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer 237
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. unknown
10. Date deceased last worked at this occupation (month and year) Inknown
11. Total time (years) spent in this occupation unknown

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

FATHER
13. NAME Richard Doolin
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER
15. MAIDEN NAME Lizzie Price
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Hospital records

18. BURIAL, CREMATION, OR REMOVAL
PLACE Vandalia, Mo. DATE 3-5-31, 19

19. UNDERTAKER (ADDRESS) Herbert Hope Excelsior Springs Mo.

20. FILED 3/5 1931 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 4 1931, 19

22. I HEREBY CERTIFY, That I attended deceased from March 1 1931, 19, to March 4 1931, 19
I last saw him alive on March 4, 1931, 19 Death is said to have occurred on the date stated above, at 9:45pm.
The principal cause of death and related causes of importance were as follows:

Pulmonary tuberculosis far advanced — Date of onset

23

Other contributory causes of importance: none

Name of operation none Date of
What test confirmed diagnosis? no Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury, 19
Where did injury occur? no (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. no
Manner of injury none
Nature of injury x

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) [signature], M. D.
(Address) U.S. Veterans Hospital Excelsior Springs, Mo.