

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

Do not use this space.

4565

1. PLACE OF DEATH **Veterans' Administration Hospital**
County **Jackson** Registration District No. _____

Township **Rand** Primary Registration District No. _____
City **Kansas City, Mo.** (No. **2. S. Veterans Hosp**) St. _____ Ward _____

File No. _____
Registered No. **512**
St. _____ Ward _____

2. FULL NAME **DORAN, Frank Edward**

C-None WOE

(a) Residence, No. **1428 Charlotte** Pvt. 1/c Hdqrs Det. Motor Units. Sec B
Kansas City, Mo. St. **2** 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 **Mrs. Leota Doran**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Jan. 23, 1889**

7. AGE YEARS **43** MONTHS **0** DAYS **8** If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Solicitor Kansas City, Mo.**
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **260**
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

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

FATHER 13. NAME **J. B. DORAN**

14. BIRTHPLACE (CITY OR TOWN) **Kentucky**
(STATE OR COUNTRY) _____

MOTHER 15. MAIDEN NAME **Jessie Brill**

16. BIRTHPLACE (CITY OR TOWN) **Weston**
(STATE OR COUNTRY) **Missouri**

17. INFORMANT (ADDRESS) **Mrs. G. N. Dailey (Sister)**
308 E Jefferson

18. BURIAL, CREMATION, OR REMOVAL **Kirksville, Mo.**
PLACE **Weston, Mo.** DATE **2-3** 1932

19. UNDERTAKER **Freeman Mortuary**
(ADDRESS) **1428 Charlotte, Mo.**

20. FILED **327 M. M. Brown**
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Feb. 1**, 19 **32**

22. I HEREBY CERTIFY, That I attended deceased from **January 30**, 19 **32**, to **Feb. 1**, 19 **32**
I last saw him alive on **Feb. 1**, 19 **32** Death is said to have occurred on the date stated above, at **9:30 A.M.**

The principal cause of death and related causes of importance were as follows:

Cirrhosis of Liver, cause undetermined, with severe gastric hemorrhage, from varicosity of veins of Pyloric end of stomach. 1 year or more.

Other contributory causes of importance: **Hypertrophy of the spleen, probably secondary to cirrhosis of liver.** 1 year or more.

Name of operation **None** Date of _____
What test confirmed diagnosis? **Autopsy** Was there an autopsy? **Yes**

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19 _____
Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? **No**
If so, specify _____

(Signed) **W. E. Chambers**, M. D.
W. E. CHAMBERS, Med. Officer in Charge
Address **Vet. Administration Hospital, Kansas City, Missouri.**

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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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