

WHITE 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.

OCT 24 1932

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

Do not use this space.

28579

1. PLACE OF DEATH Buchanan
 County..... Registration District No. 85
 Township..... Primary Registration District No. 1001
 City St. Joseph (No. 5603 Lookout St.)..... St. Ward)

File No.....
 Registered No. 9391

2. FULL NAME Emma R. Doran
 (a) Residence, No. 5603 Lookout St., Ward.
 (Usual place of abode) 30 (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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Henry G. Doran
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 9, 1870
 7. AGE YEARS MONTHS DAYS if LESS than 1 day, hrs. or min.
62 4 20

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 235
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clay Co. 2

MOTHER FATHER
 13. NAME Riley Wolcott

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 31

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Willa Mae Miller
 (ADDRESS) 5603 Lookout St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Odd Fellows Cem. DATE Oct. 1, 1932

19. UNDERTAKER (ADDRESS) Fred D. Clark
5025 King Hill Av.

20. FILED 9-30 1932 John R. Bender Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 29, 1932, 19

22. I HEREBY CERTIFY, That I viewed ~~attended~~ deceased from 19....., to 19.....

I last saw him alive on 19..... Death is said to have occurred on the date stated above, at 12:15 P.M.

The principal cause of death and related causes of importance were as follows:
Mitral Insufficiency Date of onset

Other contributory causes of importance: None
92A
(5) 92A

Name of operation..... Date of.....
 What test confirmed diagnosis? History. Was there an autopsy? no

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?.....
 If so, specify.....

(Signed) B. W. Tadlock Coroner, M. D.
 (Address) 521 1st St.

