

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

Do not use this space.

Dr. Wasson
12 31731

1. PLACE OF DEATH *Christian*

County *Greene*

Registration District No. *183*

Township

Primary Registration District No. *4109*

City *Nixa Mo.* (No. _____) St. _____ Ward _____

2. FULL NAME *Jamies S. Doran*

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode) *Nixa Mo.*

(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 *Lizzie Doran*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *March 2 - 1859*

7. AGE YEARS *73* MONTHS *7* DAYS *24* IF LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Rtd. Farmer*

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) *Missouri*

13. NAME *Alexander Doran*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Tennessee*

15. MAIDEN NAME *Yumbaugh*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Illinois*

17. INFORMANT *Mrs. Lizzie Doran*

(ADDRESS) *Nixa Mo.*

18. BURIAL, CREMATION, OR REMOVAL

PLACE *Fopedale* DATE *Oct. 28 - 1933*

19. UNDERTAKER *Oliver Schreyer, F. Home*

(ADDRESS) *Springfield Mo.*

20. FILED *Nov. 11, 1933* *Blanche P. Dora*
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Oct. 26 - 1933*

22. HEREBY CERTIFY, That I attended deceased from *July 19 1931* to *Oct. 76 1932*

I last saw him alive on *Oct. 76 1932*. Death is said to have occurred on the date stated above, at *8:30 P. M.*

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

Cerebral Myocardial Degeneration
930
17A
Date of onset *Jan 29*

Other contributory causes of importance: *Arteriosclerosis*
40 yrs.

Name of operation *g* Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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) *A. P. Wasson*, M. D.

(Address) *Nixa, 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.

NOV 28 1933

