

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

Do not use this space.

**1. PLACE OF DEATH**

County Labett  
Township Porter  
City \_\_\_\_\_ (No. \_\_\_\_\_)

Registration District No. 183  
Primary Registration District No. 5264

File No. 23722  
Registered No. 24  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

David E. Doran

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mr David Doran</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 4 1859</u>		
7. AGE YEARS <u>75</u>	MONTHS <u>2</u>	DAYS <u>26</u>
		If LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>		
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) <u>Mo.</u>
13. NAME <u>Alex Doran</u>
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ill.</u>
15. MAIDEN NAME <u>Kate Embaugh</u>
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Pennese</u>
17. INFORMANT (ADDRESS) <u>Mrs D. E. Doran Cassio Mo</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Hopewell</u> DATE <u>July 31 1934</u>
19. UNDERTAKER (ADDRESS) <u>T. B. Chaffin</u>
20. FILED <u>Aug 9, 1934</u> <u>Sta. P. Hawkins</u> Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 30<sup>th</sup> 1934

22. I HEREBY CERTIFY that I attended deceased from May 1<sup>st</sup>, 1934, to July 30, 1934

I last saw him alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at \_\_\_\_\_ a.m.

The principal cause of death and related causes of importance were as follows:  
Chronic Valvular Heart Disease Date of onset \_\_\_\_\_

Other contributory causes of illness \_\_\_\_\_

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? None 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? No  
If so, specify \_\_\_\_\_  
(Signed) Wm. J. Lemmon (Address) Manfield 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. AUG 13 1934

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

NOV 12 1949