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.

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

Do not use this space.

31074

1. PLACE OF DEATH

County SEP 13 1934 Registration District No. 791 File No.

Township Primary Registration District No. 1003 Registered No. 8343

City St. Louis (No. St. Anthony Hospital St. Ward)

2. FULL NAME Ella V. Doran

(a) Residence, No. 3345 Oak Hill St., 16 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wm. J. Doran

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 30, 1886

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
48	1	14	

235

OCCUPATION

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

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) St. Louis Mo.

FATHER

13. NAME Geo. McNutt

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

MOTHER

15. MAIDEN NAME Emma Barth

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.

17. INFORMANT (ADDRESS) Wm. J. Doran Sr. 3345 Oak Hill Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary DATE 8/17 1934

19. UNDERTAKER (ADDRESS) Oscar J. Hoffmeister 4046 Chippewa St.

20. FILED AUG 15 1934 19 J. P. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

14

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 14, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 21, 1934, to Aug. 14, 1934
I last saw her alive on Aug. 14, 1934 Death is said to have occurred on the date stated above, at 8 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Toxic Thyroid.	
66b	
66b	
93c	

66b

Other contributory causes of importance:

Chronic myocarditis with cardiac decompensation

Name of operation Thyroidectomy Date of 8-14-34
What test confirmed diagnosis? Basal etc. Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? None 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 None
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) S. H. Mains, M. D.
(Address) So. Side Natl Ba. Bldg.