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.

APR 2 9 1935

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

Do not use this space.

791

11382

1003

3045

1. PLACE OF DEATH

County..... Registration District No. 1003 File No. 3045

Township..... Primary Registration District No..... Registered No.....

City St Louis (No. 4034, Taft St. ..... Ward)

2. FULL NAME Dolan Phillips

(a) Residence, No. 4034 Taft St., 15 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: M

4. COLOR OR RACE: W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Albertina

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct 18 1860

7. AGE: Years 75 | Months 5 | Days 13 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Iron worker

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 COUNTY): Louisville Kentucky

FATHER

13. NAME: John Dolan

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY): Germany

MOTHER

15. MAIDEN NAME: unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY): unknown

17. INFORMANT (ADDRESS): Albertina Dolan 4034 Taft St

18. BURIAL, CREMATION, OR REMOVAL PLACE: Missouri Co DATE: Apr 2 1935

19. UNDERTAKER (ADDRESS): J. L. Zumpfhem & Co 10 N Vandeventer

20. FILED: APR -2 1935 19..... J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): March 31, 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 26, 1934, to March 30, 1935

I last saw h. alive on March 30, 1935. Death is said to have occurred on the date stated above, at 2:30 p.m.

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

	Date of onset
Acute Myocarditis	2 days
Chronic Myocarditis	6 Mo

Other contributory causes of importance: 930

Name of operation..... Date of.....

What test confirmed diagnosis? Autopsy 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? No

If so, specify.....

(Signed) Dr. W. H. Walters, M. D.

(Address) 3600 Lafayette Grand