OCT 2 2 1935

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

Do not use this space.

29451

1. PLACE OF DEATH
County Jackson — Registration District No. 399
Township Kaw — Primary Registration District No. 1602
City Kansas City (No. St. Joseph Hospital St. Ward)

File No.
Registered No.

2. FULL NAME G. Thomas DORAN
(a) Residence, No. 638 West 39th Terrace St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 4 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): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 11, 1893.

7. AGE: YEARS 41 — MONTHS 10 — DAYS 21 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. R.R. Carman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Railroad yards
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 16

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) K.C.MISSOURI.

FATHER
13. NAME John Doran
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

MOTHER
15. MAIDEN NAME Nancy Wilson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Columbus, OHIO.

17. INFORMANT (ADDRESS) (Bro) S.F.Doran, 5311 Forest, K.C.Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE St.Mary's Cem DATE 9/5/35 19

19. UNDERTAKER (ADDRESS) Mellody - McGilley K. C. Mo.

20. FILED 9-4- 1935 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sep 2, 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug 28, 1935, to Sep 2, 1935
I last saw him alive on Sep 2, 1935. Death is said to have occurred on the date stated above, at 7:17 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Right Lobar Pneumonia	Aug 25 1935
108	
Other contributory causes of importance: Chronic Sinusitis (Bilateral Ethmoiditis - Left Maxillary Sinusitis)	?

Name of operation no Date of
What test confirmed diagnosis? Xray 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) Leo A. O'Brien, M. D.
(Address) 637 W 39th Terr.

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.