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.

JUL 28 1936

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

Do not use this space.

25162

1. PLACE OF DEATH

County Saline — Registration District No. 296 — File No.

Township — Primary Registration District No. 3038 — Registered No. 132

City Marshall (No. 528 N. Odell St. Ward)

2. FULL NAME George Washington Doan

(a) Residence, No. 528 North Odell St., 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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Margaret Jane Doan

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 2nd, 1847

7. AGE: YEARS 88 — MONTHS 7 — DAYS 27 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired
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) Harrison County Ky.

FATHER

13. NAME Benjamin J. Doan
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Harrison County Ky.

MOTHER

15. MAIDEN NAME Katherine Jones
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Harrison County Ky.

17. INFORMANT (ADDRESS) Mrs Ella Lynch Marshall, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Ridge Park Cem. DATE July 1st, 1936

19. UNDERTAKER (ADDRESS) R. H. Campbell Marshall, Mo.

20. FILED July 1, 1936 Helen Huston Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 29, 1936

22. I HEREBY CERTIFY, That I attended deceased from June 17, 1936, to June 29, 1936

I last saw him alive on June 27, 1936. Death is said to have occurred on the date stated above, at 5 45 m.

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

	Date of onset
Chr. Myocarditis	?
Other contributory causes of importance:	
Chr. Nephritis	?

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Name of operation Clinical Date of

What test confirmed diagnosis? Clinical 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? M

If so, specify

(Signed) [signature], M. D.

(Address) Marshall, Mo.