REC'D APR 14 1938

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

10136
Do not use this space.

1. PLACE OF DEATH
(a) County Buchanan
(b) Township
(c) City St. Joseph,
(d) Street No. 2126 South 11th St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 38 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registration District No. 85
Primary Registration District No. 1001
Registered No. 273

2. PRINT FULL NAME James Edward Doolan 450
(a) Residence, No. 2126 South IIth Street St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec.20.1862.

7. AGE: Years 75 | Months 2 | Days 13 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Switch Tender
9. Industry or business in which work was done, as saw mill, bank, etc. C B & Q R R
10. Date deceased last worked at this occupation (Month, day, year) Jan.1.1932
11. Total time (years) spent in this occupation 38 Yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Isanalda, Michigan.

FATHER
13. NAME Joseph Doolan
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Ireland

MOTHER
15. MAIDEN NAME Bridget Nolan
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Ireland

17. INFORMANT Nora Doolan
(ADDRESS) 2126 So.IIth Street

18. BURIAL, CREMATION, OR REMOVAL Mt.Olivet Cemt
PLACE St.Joseph,Mo. DATE March.5. 1938

19. FUNERAL DIRECTOR H.O.Sidenfaden & Son
(ADDRESS) 1802 Union Str St.Joseph,

20. FILED 3/3 1938 H J Matthews
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March. 3 1938

22. I HEREBY CERTIFY, That I attended deceased from 11/1 1937 to 3/3 1938
I last saw him alive on Mar 2 1938. Death is said to have occurred on the date stated above, at 2/05am
The principal cause of death and related causes of importance were as follows:

Carcinoma of prostate — Date of onset 6/1/37

Other contributory causes of importance: 45

Name of operation — Date of —
What test confirmed diagnosis? Phy. exam. 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) M. H. Kelly, M. D.
(Address) 508 Corby Bldg St. Joseph 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.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I, Robert P Clarkson, Licensed Embalmer No. 4028

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Myself.

✓ L. E. ✓

No. ✓ or by ✓, Registered Apprentice No. ✓

working under my personal supervision.

Signed Robert P. Clarkson

Licensed Embalmer No. 4028

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)