

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.--Every item of information should be carefully supplied. AGE MUST 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

AUG 7 1939

24530
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399

(b) Township Kaw Primary Registration District No. 1002

(c) City Hansasport (d) Street No. 3200 Windsor 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME John Doohan (John Doohan)

(a) Residence, No. 3200 Windsor St. (If nonresident, give city or town and State)

(Usual place of abode, if no street address, write county or city)

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 Wedda Moradoban

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 20 1858

7. AGE YEARS 80 MONTHS 5 DAYS 17 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Bookkeeper/Marker

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

10. Date deceased last worked at this occupation (month and year) 5-1-39

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Ireland 5

FATHER 13. NAME Michael Doohan 5

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknawn, Ireland 5

MOTHER 15. MAIDEN NAME Mary Meany 5

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknawn, Ireland

17. INFORMANT (ADDRESS) Katharine Maloney, 3200 Windsor

18. BURIAL, CREMATION, OR REMOVAL PLACE St Marys Bay DATE 7-10 1939

19. FUNERAL DIRECTOR (ADDRESS) Daniel Man, 1536 Monna

20. FILE July 8 1939 M. M. Brown Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-7 1939

22. I HEREBY CERTIFY, That I attended deceased from 3-1-39 to 7-7-39

I last saw him alive on 6-25-39 1939. Death is said to have occurred on the date stated above, at 6:30 p.m.

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

Cardiac
Coronary Occlusion and
Angina on 3-1-1939

Date of onset

Other contributory causes of importance: 94a
Semility
Arteriosclerosis

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ 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? _____
If so, specify Geo F. Preston M. D.
(Signed) _____ (Address) 933 1st Bldg

STATEMENT BY LICENSED EMBALMER

I, Katie Daniels Parish, Licensed Embalmer No. 2391

hereby certify that the body recorded on the reverse side of this certificate was embalmed by [Signature]

L. E.

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed Katie Daniels Parish

Licensed Embalmer No. 2391

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