

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

35526
Do not use this space.

1. PLACE OF DEATH
 (a) County Buchanan Registration District No. 85
 (b) Township St. Joseph Primary Registration District No. 1001 Registered No. 1054
 (c) City St. Joseph (d) Street No. St. Joseph's Hospital St.
 (e) Length of residence in city or town where death occurred 38 yrs. 0 mos. 0 ds. (f) How long in U. S., if of foreign birth? 38 yrs. 0 mos. 0 ds.

2. PRINT FULL NAME James Patrick Dolan
 (a) Residence, No. 604 Pendleton 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Katherine Dolan</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>November 6, 1861</u>				
7. AGE	YEARS <u>77</u>	MONTHS <u>11</u>	DAYS <u>7</u>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Retired Electrician</u>			
	9. Industry or business in which work was done, as saw mill, bank, etc. <u>Swift & Co.</u>			
	10. Date deceased last worked at this occupation (month and year) <u>1929</u>		11. Total time (years) spent in this occupation <u>?</u>	
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown Ireland</u>			
	13. NAME <u>William Dolan</u>			
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown Ireland</u>			
	15. MAIDEN NAME <u>Julia Marah</u>			
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown Ireland</u>				
17. INFORMANT (ADDRESS) <u>Katherine Dolan 604 Pendleton Ave. St. Joseph, Mo.</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Joseph, Mo.</u> DATE <u>October 16, 1939</u> <u>Mt. Olivet Cemetery</u>				
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>H.O. Sidenfaden & Son 1802 Union Str. St. Joseph, Mo.</u>				
20. FILED <u>Oct 14 1939</u> <u>A. J. Marshall</u> <u>Local Registrar</u>				

MEDICAL CERTIFICATE OF DEATH	
21. DATE OF DEATH (MONTH, DAY, AND YEAR)	<u>October 13, 1939</u>
22. I HEREBY CERTIFY, That I attended deceased from <u>Jan. 3, 1939</u> to <u>Oct. 13, 1939</u> I last saw him alive on <u>Oct. 12, 1939</u> Death is said to have occurred on the date stated above, at <u>1:50 A.M.</u> The principal cause of death and related causes of importance were as follows: <u>Arterio-sclerotic (general) with hypertension</u> <u>Myocardial Insuffic.</u> <u>Broncho-pneumonia</u>	
Date of onset	<u>?</u> <u>?</u> <u>9/21/39</u> <u>10/10/39</u>
Other contributory causes of importance: <u>10/10/39</u> <u>Myocardial Insuffic.</u> <u>Broncho-pneumonia</u>	
Name of operation	<u>none</u> Date of <u>?</u>
What test confirmed diagnosis?	<u>clinical</u> Was there an autopsy? <u>No</u>
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	<u>?</u>
Nature of injury	<u>?</u>
24. Was disease or injury in any way related to occupation of deceased? <u>no</u> If so, specify (Signed) <u>G. T. Blommer</u> M. D. (Address) <u>1218 N. 38th St.</u>	

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.

MARGIN RESERVED FOR BINDING

U.S. NO. 2-3509-9-10-38
FORM 1 X16605

MAR 22 1995

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed..... *Robert C. Harrington*

Licensed Embalmer No. 3258.....

P. O. Address..... St. Joseph, Mo......

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.)

If this body is not embalmed, above space should be left blank.