

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.

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

PLACE OF DEATH
 County Jackson
 Township Kaw
 or
 Village _____
 or
 City Kansas City (NO. General Hospital St. 17 Ward) Registration District No. 893 File No. 23773
 Primary Registration District No. 1002 Registered No. 2638
 FULL NAME Charles Dolan [If death occurred in a hospital or institution, give its NAME instead of street and number]

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>Male</u>	COLOR OR RACE <u>White</u>	SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) <u>W</u>
DATE OF BIRTH <u>JNKNOWN.</u> (Month) _____ (Day) <u>1885</u> (Year)		
AGE <u>75</u> yrs. _____ mos. _____ ds. <u>JNKNOWN.</u>		If LESS than 1 day, _____ hrs. or _____ min.?
OCCUPATION (a) Trade, profession, or particular kind of work <u>Peddler</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>Shoe string peddler</u>		
BIRTHPLACE (City or town, State or foreign country) <u>Ohio</u>		
PARENTS	NAME OF FATHER <u>John Dolan</u>	
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>New Jersey</u>	
	MAIDEN NAME OF MOTHER <u>UNKNOWN.</u>	
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Ohio</u>	

MEDICAL CERTIFICATE OF DEATH

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DATE OF DEATH Aug 5, 1910
 (Month) _____ (Day) _____ (Year) _____

I HEREBY CERTIFY, that I attended deceased from July 30, 1910, to Aug 5, 1910, that I last saw him alive on Aug 5, 1910, and that death occurred, on the date stated above, at 8 P. m.

The CAUSE OF DEATH* was as follows:
Nephritis - Chronic 131
Interstitial 137
138C
 (Duration) 10 yrs. _____ mos. _____ ds.

Contributory Suppression of urine
 (SECONDARY) urine prior (Duration) _____ yrs. _____ mos. _____ ds.
 (Signed) J. W. Busch M. D.
Aug 5, 1910 (Address) 225 West Broadway

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
 At place of death _____ yrs. _____ mos. 6 ds. In the State _____ yrs. _____ mos. 24 ds.
 Where was disease contracted if not at place of death? _____
 Former or usual residence _____

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) Mr Crockett
 (ADDRESS) General Hospital
 Filled AUG 5 1910 Charles Dolan
 191 _____
 REGISTRAR

PLACE OF BURIAL OR REMOVAL Union
 DATE OF BURIAL Aug 5 1910
 UNDERTAKER _____ ADDRESS KE mo

THE CARROLL-DAVIDSON UND. CO.

