

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 \_\_\_\_\_

Township \_\_\_\_\_

or

Village \_\_\_\_\_

or

City St. Louis

Registration District No. 791

1003

Primary Registration District No. \_\_\_\_\_

File No. 36446

Registered No. 9396

(NO. St. Anthony Hospital St. 9 Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number]

FULL NAME John F. Doran

PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR OR RACE White SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) Single

DATE OF BIRTH Nov. 5, 1874  
(Month) (Day) (Year)

AGE 36 yrs. - 23 mos. - 23 ds. If LESS than 1 day, \_\_\_ hrs. or \_\_\_ min.?

OCCUPATION (a) Trade, profession, or particular kind of work  Clerk   
(b) General nature of industry, business, or establishment in which employed (or employer)  Railroad

BIRTHPLACE (City or town, State or foreign country)  St. Louis

PARENTS  
NAME OF FATHER  Charles Doran   
BIRTHPLACE OF FATHER (City or town, State or foreign country)  Ireland   
MAIDEN NAME OF MOTHER  Elisabeth O'Sullivan   
BIRTHPLACE OF MOTHER (City or town, State or foreign country)  Ireland

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant)  Frank Kunda   
(ADDRESS)  2331 So. Buway

Filed  NOV 2 ' 1910   W. Wheeler Bond   
1910 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH  Dec. 27, 1910   
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from  Dec. 22 , 1910, to  Dec. 27 , 1910, that I last saw him alive on  Dec. 27 , 1910, and that death occurred, on the date stated above, at  11<sup>30</sup> a.m. .  
The CAUSE OF DEATH\* was as follows:  
 Pneumonia

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  
 10<sup>1</sup>  (Duration) \_\_\_ yrs. \_\_\_ mos. \_\_\_ ds.

Contributory (SECONDARY) (Duration) \_\_\_ yrs. \_\_\_ mos. \_\_\_ ds.  
(Signed)  J. M. Weinsberg  M. D.  
 Dec. 26 , 1910 (Address)  9<sup>th</sup> & Poplar Ave

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of injury; and (2) whether Accidental, Suicidal, or Homicidal.  
At place of death \_\_\_ yrs. \_\_\_ mos.  2  ds. In the State  36  yrs. \_\_\_ mos.  23  ds.  
Where was disease contracted if not at place of death?  2200 So. 7<sup>th</sup> St.   
Former or usual residence  2200 So. 7<sup>th</sup> St.

PLACE OF BURIAL OR REMOVAL  Calvary  DATE OF BURIAL  Nov. 30, 1910   
UNDERTAKER  Wacker and Heldub  ADDRESS  2331 So. Buway

# Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health  
Association]

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

**Statement of cause of death.**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritonaeum*, etc., *Carcinoma*, *Sar-*

*coma*, etc., of \_\_\_\_\_ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)



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MISSOURI STATE BOARD OF HEALTH

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

PLACE OF DEATH  
County \_\_\_\_\_  
Township \_\_\_\_\_  
or \_\_\_\_\_  
Village \_\_\_\_\_  
or \_\_\_\_\_  
City St Louis

Registration District No. 791 File No. 36446  
Primary Registration District No. 1003 Registered No. 9396  
(NO. St Anthony Hosp, St.: \_\_\_\_\_ Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number]

FULL NAME John F. Doran

PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR OR RACE White SINGLE, MARRIED, WIDOWED OR DIVORCED Single  
(Write the word)

DATE OF BIRTH Nov. 5 1874  
(Month) (Day) (Year)

AGE 36 yrs. 23 mos. 23 ds. If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.?

OCCUPATION  
(a) Trade, profession, or particular kind of work Clack - Railroad  
(b) General nature of industry, business, or establishment in which employed (or employer)

BIRTHPLACE (City or town, State or foreign country) St Louis

PARENTS  
NAME OF FATHER Charles  
BIRTHPLACE OF FATHER (City or town, State or foreign country) Ireland  
MAIDEN NAME OF MOTHER Elyzabeth O'Sullivan  
BIRTHPLACE OF MOTHER (City or town, State or foreign country) Ireland

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) Frank Kenda  
(ADDRESS) 2331 S. Bury

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 27 1910  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from 11-22 1910 to 11-27 1910 that I last saw live on 11-27 1910 and that death occurred, on the date stated above, at 11:30 am

The CAUSE OF DEATH\* was as follows:  
Heart Disease  
Prerenemic

Contributory (SECONDARY) \_\_\_\_\_ (Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
(Signed) J. H. Green M. D. Dec 29 1910 (Address) 9" S. Bury

\*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. \_\_\_\_\_ ds. In the State 36 yrs. 23 mos. 23 ds.  
Where was disease contracted If not at place of death? 2200 S. 7" St  
Former or usual residence 2200 S. 7" St

PLACE OF BURIAL OR REMOVAL Calvary DATE OF BURIAL 11-30 1910  
UNDERTAKER Wheeler Bond ADDRESS 2335 Bury

MAR 20 1911 REGISTRAR Wheeler Bond

All information called for must be written on this Supplementary Certificate.

# Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health  
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