

REC'D MAY 20 1938

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

15151

Do not use this space.

1. PLACE OF DEATH

(a) County Linn Registration District No. 496
(b) Township Brookfield Primary Registration District No. 3025 Registered No. 34
(c) City Brookfield (d) Street No. _____
(If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
(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 Daniel Doran

(a) Residence, No. _____ 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Elizabeth Doran

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 12 1868

7. AGE YEARS 69 MONTHS 9 DAYS 7 If LESS than 1 day, _____ hrs. _____ min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Machinist

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) July 1 1932 11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Brookfield Mo13. NAME Daniel Doran14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland15. MAIDEN NAME Margaret Keith16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland17. INFORMANT (ADDRESS) Mr. Dan Doran18. BURIAL, CREMATION, OR REMOVAL PLACE Brookfield Mo DATE 4-21 193819. FUNERAL DIRECTOR (ADDRESS) Home Burial
Brookfield Mo20. FILED May 10 38 John Lucas Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 19 193822. I HEREBY CERTIFY, That I attended deceased from Mar. 3 1938 to April 19 1938I last saw him alive on April 18 1938. Death is saidto have occurred on the date stated above, at 2:25 a.m.

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

Primary Bronchogenic carcinoma

Date of onset

Unknown

Other contributory causes of importance:

Metastases to the LiverUnknownName of operation None Date of _____What test confirmed diagnosis? Chemical 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) John Lucas, M. D.(Address) Brookfield Mo

STATEMENT BY LICENSED EMBALMER

I, Homer I. Bowden, Licensed Embalmer No. 3295

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

L. E.

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

Signed

Homer I. Bowden

Licensed Embalmer No. 3295

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.)