

**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

File No. 3311

Primary Registration District No. 1003

Registered No. 650

(NO. 3823 Ashland Ave St. 22 Ward)

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

FULL NAME Thomas Dolan

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

DATE OF DEATH January 16, 1913
(Month) (Day) (Year)

DATE OF BIRTH Jan 10, 1859
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Dec 9, 1912, to Jan 16, 1913, that I last saw him alive on Jan 15, 1913, and that death occurred, on the date stated above, at 10²⁰ A.M. The CAUSE OF DEATH* was as follows:

AGE 54 yrs. 6 mos. 6 ds. If LESS than 1 day, ____ hrs. or ____ min.?

Algebra Purchasing liver

OCCUPATION (a) Trade, profession, or particular kind of work Member St Louis
(b) General nature of industry, business, or establishment in which employed (or employer) fire dept

Duration 6 yrs. 6 mos. 3 ds.

BIRTHPLACE (City or town, State or foreign country) New York

Contributory Pneumonia Lungs
(SECONDARY) (Duration) 2 yrs. 2 mos. 2 ds.

NAME OF FATHER John Dolan

(Signed) John W. McDonald M. D.
Jan 17, 1913 (Address) 1020 N. Grand Ave

BIRTHPLACE OF FATHER (City or town, State or foreign country) Ireland

MAIDEN NAME OF MOTHER Delia Wheeler

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

BIRTHPLACE OF MOTHER (City or town, State or foreign country) Ireland

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death ____ yrs. ____ mos. ____ ds. In the State ____ yrs. ____ mos. ____ ds.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

Where was disease contracted if not at place of death? _____
Former or usual residence _____

(Informant) Lillie Dolan

PLACE OF BURIAL OR REMOVAL Catonsville DATE OF BURIAL 1/18 1913

(ADDRESS) 3823 Ashland Ave

UNDERTAKER Conlan Kelly ADDRESS 4526 Easton Ave

Filed JAN 17 1913 Mayb Starkloff REGISTRAR