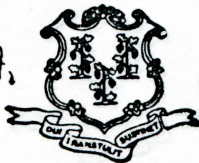


Bureau of Vital Statistics		STATE OF CONNECTICUT				CERTIFICATE OF DEATH					
Town of		WALLINGFORD, CONN.				UNDERTAKER'S CERTIFICATE					
1	Full name of deceased <i>Christlieb E. Doran</i>					Ward					
2	Place of death		Town		No.		St.		Ward		
3		No. of families in house		4		Residence at time of death		Occupation		Ward	
3		2		4		WALLINGFORD, CONN.		Spoon buffer		Ward	
6		Single—married widowed—divorced		7		If wife or widow of whom				Ward	
8		Year		Month		Day		9		Year	
Died		1912		12		24		Born		1852	
										10	
										Age	
										60	
										11	
										Years	
										Months	
										Days	
										5	
11		Sex		12		Color		13		Birth-place	
		Male				White				Plasma	
14		Full name of father		15		Father's birthplace		16		Mother's birthplace	
		Christian Doran				Germany				Germany	
16		Maiden name of mother		17		Mother's birthplace		18		Place of burial	
		Unknown				Germany				WALLINGFORD, CONN.	
19		Name of Informant		Address		19		20		Was body embalmed	
		Albert Doran		WALLINGFORD, CONN.		In Memoriam				Yes	
20		Was body embalmed		If so, name of embalmer		Address		License No.		Signature of undertaker	
		Yes		M. J. Smith		WALLINGFORD, CONN.		319		M. J. Smith	
										Address	
										WALLINGFORD, CONN.	
										Library Bureau M8359A -Δ	

THE SEAL OF THE STATE OF CONNECTICUT IS AFFIXED TO CERTIFY THAT THE ABOVE IS A TRUE COPY OF A RECORD FILED WITH THE STATE OF CONNECTICUT DEPARTMENT OF HEALTH SERVICES PURSUANT TO THE PROVISIONS OF THE GENERAL STATUTES OF CONNECTICUT.

*Fredrick B. Adams, D.D.S. M.P.H.*  
Commissioner of Health Services



*Kathryn E. Church*  
Registrar of Vital Records

APR 17 1990

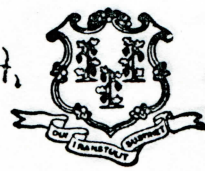
7-16-87  
4-13-90  
120

MEDICAL CERTIFICATE  
OF DEATH

1	Full name of deceased	<i>Christlieb E Doran</i>		
2	Primary cause of death	3	Duration	<i>1 year</i> days
4	Secondary or contributory	5	Duration	<i>1</i> days
Remarks <i>General Dropsy + Mitral insufficiency</i>				
I hereby certify that I attended the deceased in his last illness and that the cause of death was as above stated.				
Signature		<i>Jas. D. McLaughley</i>		
		Official title		
Dated	<i>Dec. 26</i>	191 <i>2</i>	Address <i>WALLINGFORD, CONN.</i>	
Received for record this	<i>26</i>	day of	<i>Dec</i>	191 <i>2</i>
The foregoing is a true copy.		Attest <i>Clifton A. Kelley</i> <small>asst. Registrar</small>		

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*Fredrick P. Adams*, D.D.S., M.P.H.  
Commissioner of Health Services



*Kathryn E. Church*  
Registrar of Vital Records

498 17 894