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

Do not use this space.

1068

1. PLACE OF DEATH

County: Jackson — Registration District No.: 399 — File No.:

Township: Kaw — Primary Registration District No.: 1902 — Registered No.: 08

City: K.C. (No. 3 Broadway Hosp. St. ..... Ward)

2. FULL NAME Wm. J. O'Brien

(a) Residence. (Usual place of abode) No. 3806 Summit St., B Ward. (If nonresident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
M	wh	married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs Mary O'Brien

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 24th 1873

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
53	9	13	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Clerk

(b) General nature of industry, business, or establishment in which employed (or employer): Municipality

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) ..... (STATE OR COUNTRY) Kas

PARENTS

10. NAME OF FATHER Jno O'Brien

11. BIRTHPLACE OF FATHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Ireland

12. MAIDEN NAME OF MOTHER Anna Maxwell

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Ireland

14. INFORMANT Jno J O'Brien (Address) Indp Mo

15. Filed Jan 8, 1928 M. M. Grove Asst Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1/7/28 19

17. I HEREBY CERTIFY, That I attended deceased from Nov 1, 1927, to Jan 7, 1928 that I last saw h. alive on Jan 7, 1928 and that death occurred, on the date stated above, at 5 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of Lung

(duration) ? yrs. mos. ds.

CONTRIBUTORY (SECONDARY) ..... (duration) ..... yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? .....

DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? Autopsy

(Signed) Abraham Topkins M. D

Jan 8, 1928 (Address) Argyle Bldg

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Calvary Cem	1/10/28 19
20. UNDERTAKER	**ADDRESS**
H. F. Mayberry Co	City

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.