

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

Do not use this space.

30186

1. PLACE OF DEATH

County Gentry
Township Athens
City..... (No).....

Registration District No. 309
Primary Registration District No. 5427

File No.....
Registered No. 44
St..... Ward.....

2. FULL NAME

James O'Mara

(a) Residence No..... St..... Ward.....
(Usual place of abode)

(If nonresident give city or town and State)

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

male

4. COLOR OR RACE

white

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

widowed

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

Stella O'Mara

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

Feb. 28-1853

7. AGE

75 Years 6 Months 20 Days
If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Ireland

10. NAME OF FATHER

Phillip O'Mara

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Ireland

12. MAIDEN NAME OF MOTHER

Not known

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Ireland

14.

INFORMANT Ernoch Parsons
(Address) Albany Mo.

15.

FILED Oct 25 1928 W. Martin
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR)

Sept. 18 1928

17.

I HEREBY CERTIFY, That I attended deceased from June 11th, 1928, to Sept 17th, 1928 (that I last saw him alive on Sept 17th, 1928, and that death occurred, on the date stated above, at 7 A. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Myocarditis

43C

unknown (duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY)

90B (duration) yrs. mos. da.

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?

(Signed) W. M. A. Campbell, M. D.

Sept 20, 1928 (Address) Albany Mo

*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

Grandview Cemetery Sept. 20 1928

20. UNDERTAKER

ADDRESS

H. W. Bare & Son Albany

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.

