

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

Do not use this space.

30074

**1. PLACE OF DEATH**

County Jackson Registration District No. 399 File No. \_\_\_\_\_  
 Township Kaw Primary Registration District No. \_\_\_\_\_ Registered No. 3350  
 City P. O. Mo. (No. Unity Lutheran Hospital) Ward \_\_\_\_\_

**2. FULL NAME**

Helen O'Hara  
 (a) Residence. No. Liberty Mo. 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX F 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 Robert O'Hara

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 16 1902

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hra. or .....min.  
27 7 6

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work Housewife  
 (b) General nature of industry, business, or establishment in which employed (or employer).  
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Clay Co Missouri  
 (STATE OR COUNTRY)

10. NAME OF FATHER John T Green

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

12. MAIDEN NAME OF MOTHER Laura Payne

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

14. INFORMANT Robert O'Hara  
 (Address) Liberty Mo

15. FILED 9/22 1930 M. M. Crowe REGISTRAR  
Assn

**3 MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 22 1930

17. I HEREBY CERTIFY, That I attended deceased from 15 " Sept 1 1930 to Sept 22 1930 and that I last saw her alive on Sept 22 1930 and that death occurred, on the date stated above, at 7 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
acute nephritis

6 1/2 (duration) yrs. mos. ds. 130

CONTRIBUTORY (SECONDARY) Operation for Goiter  
 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED 1188  
 IF NOT AT PLACE OF DEATH

19. DID AN OPERATION PRECEDE DEATH? yes DATE OF Sept 20th 1930  
 WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?  
9/22 1930 (Signed) John A. Outaun M. D.  
 (Address) K. B. 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 Liberty Mo DATE OF BURIAL Sept. 31 1930

20. UNDERTAKER Marvin Hessel ADDRESS Liberty Mo.

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.

NOV 28 1948

FEB 16 1951