

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

Do not use this space.

36779

1. PLACE OF DEATH

County Dudman Registration District No. 24
 Township Sub-River Primary Registration District No. 13002
 City Wichita (No. 620 N-Washington St. _____ Ward)

File No. _____
 Registered No. 129
 St. _____ Ward)

2. FULL NAME

(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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov-5-1957</u>		
7. AGE YEARS <u>73</u>	MONTHS <u>-</u>	DAYS <u>2</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>House Keeper</u>		If LESS than 1 day, _____ hrs. or _____ min.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		11. Total time (years) spent in this occupation _____
10. Date deceased last worked at this occupation (month and year) _____		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Fayette Mo.</u>		
13. NAME <u>James O'Brien</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland</u>		
15. MAIDEN NAME <u>Anna-Lee</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland</u>		
17. INFORMANT <u>James O'Brien</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Wichita</u> DATE <u>11-10</u> 19 <u>57</u>		
19. UNDERTAKER <u>H. O. Pickett & Son</u>		
20. FILED <u>Nov 9th</u> 19 <u>57</u> <u>Ira S. Milligan</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 8 1957

22. I HEREBY CERTIFY, That I attended deceased from 703 General years, 1957, to Nov 8 1957.
 I last saw her alive on Nov. 8 1957. Death is said to have occurred on the date stated above, at 9:30 am.
 The principal cause of death and related causes of importance were as follows:
Myocardial Infarction Date of onset _____
Senile Dementia
 Other contributory causes of importance: _____
 Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____
 Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? yes
 If so, specify _____
 (Signed) Robert Berry, M. D.
 (Address) Wichita Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

DEC 21 1957

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.

11