

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

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.

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

Do not use this space.

8379

1. PLACE OF DEATH

County Jackson Registration District No.
 Township Kaw Primary Registration District No.
 City Kansas City (No. 801 Broadway) St. Ward

File No.
 Registered No. 955
 St. Ward

2. FULL NAME Edward James O'Brien

(a) Residence, No. 1532 Haskell KCK St. X Ward Kansas City, Kans
 (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 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
 6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Golda M.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6/4/1888
 7. AGE YEARS 43 MONTHS 9 DAYS If LESS than 1 day, hrs. min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. sta. engineer
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Wholesale drygoods
 10. Date deceased last worked at this occupation (month and year) 3/32 11. Total time (years) spent in this occupation 12

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Valentine Texas

13. NAME James J. O'Brien

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

15. MAIDEN NAME Zona Darsey

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT (ADDRESS) Mrs. E. J. O'Brien KCK

18. BURIAL, CREMATION, OR REMOVAL PLACE High Park KCK DATE 3/7 1932

19. UNDERTAKER (ADDRESS) Geo. H. Long KCK

20. FILED 3/7 1932 M. M. Corvise Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/4 1932

22. I HEREBY CERTIFY That I attended deceased from 19 to 19
 I last saw him alive on 19 Death is said to have occurred on the date stated above at about 8:45a
 The principal cause of death and related causes of importance were as follows:

Multiple Injuries Date of onset
2036
203M 203
 Other contributory causes of importance:
Crushed in elevator while working 102

Name of operation Date of
 What test confirmed diagnosis Was there an autopsy?

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?
 If so, specify
 (Signed) James M. Hall M. D.
 (Address)

