

1934

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

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1. PLACE OF DEATH

County Scott
Township Morland
City (No. 6013)

Registration District No. 814
Primary Registration District No. 4490

File No. 35-93-A
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Benton 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 Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF Joseph J. O'Connor

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 20 - 1859

7. AGE YEARS 74 MONTHS 8 DAYS 3 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jackson Co., Ill.

13. NAME Lewis Inacore

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

15. MAIDEN NAME Lucinda Young

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

17. INFORMANT J. J. O'Connor (ADDRESS) Benton Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Morley Cem. DATE Jan 26, 1934

19. UNDERTAKER J. S. Stisserer & Co (ADDRESS) Benton Mo.

20. FILED Jan 29, 1934 U. P. Hart, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 23, 1934

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1933, to Jan 23, 1934. I last saw him alive on Jan 20, 1934. Death is said to have occurred on the date stated above, at 9 p. m.

The principal cause of death and related causes of importance were as follows:

Hemiplegia Date of onset _____

Arterial Sclerosis

Other contributory causes of importance _____

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) U. P. Hart, M. D.

(Address) Benton, Mo

Physicians should state EXACTLY. PHYSICIANS should state EXACTLY. Exact statement of OCCUPATION is very important.

1952

1953

1954

1955

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[The body of the document contains several columns of text, which are extremely faint and illegible due to the high contrast of the scan. The text appears to be organized in a structured format, possibly a ledger or a list, with columns corresponding to the years listed in the header.]