MAR 12 1936

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

Do not use this space.

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File No.
Registered No. 1459

1. PLACE OF DEATH

County
Township
City St Louis (No. Desloge Hospital St. Ward)
Registration District No.
Primary Registration District No.

2. FULL NAME Frank D. O'Bara

(a) Residence, No. 3532 Vista Ave 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jennie O'Bara

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 26 - 1870

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	66	0	13	

OCCUPATION

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

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

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) Urbana Ohio

FATHER

13. NAME Thomas O'Bara

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

MOTHER

15. MAIDEN NAME Mary Davey

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

17. INFORMANT (ADDRESS) Jennie O'Bara 3532 Vista Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Urbana O. DATE Feb. 12 1936

19. UNDERTAKER (ADDRESS) Peters Bro. St. Louis Mo.

20. FILED FEB - 9 1936 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-8-36

22. I HEREBY CERTIFY, That I attended deceased from Aug 1935, to Feb 8 1936

I last saw him alive on 2-8 1936. Death is said to have occurred on the date stated above, at 1 P.M.

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

	Date of onset
Cholecystitis	1.
Cholelithiasis	
Hepatitis	3 weeks

Other contributory causes of importance: None

Name of operation None Date of

What test confirmed diagnosis? X Ray Was there an autopsy? No.

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? No

If so, specify

(Signed) Thomas M. Martin, M. D.

(Address) 607 No Grand Ave.

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.