

AUG - 5 1937

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

Do not use this space.

25492

1. PLACE OF DEATH

County.....

Township.....

City.....

Registration District No. 791

City Hospital 1003

File No.....

Registered No. 6666

St. Ward)

2. FULL NAME

(a) Residence, No. 1903 California

(Usual place of abode)

JOHN O'BRIEN.

Ward. 23

(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)

SINGLE

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

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

JUNE 23 - 1900

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

37

-

19

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

NONE

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)

MISSOURI

13. NAME

THOMAS O'BRIEN.

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

IRELAND.

15. MAIDEN NAME

BRIDGET MEEHAN

17. INFORMANT (ADDRESS)

THOMAS O'BRIEN. 1903 CALIFORNIA AV.

18. BURIAL, CREMATION, OR REMOVAL PLACE

CALVARY CEM. DATE JULY 1937

19. UNDERTAKER (ADDRESS)

E. J. Schmur, 3125 Lafayette Ave.

20. FILED

JUL 11 1937

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

7/10 1937

22. I HEREBY CERTIFY, That I attended deceased from

I last saw him alive on

to have occurred on the date stated above, at

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

Edema of Brain

Cerebral Thrombosis

Chronic Nephritis

Other contributory causes of importance:

Name of operation

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

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) M. D.

(Address)

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.

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