

JAN 24 1938

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

Do not use this space.

105

~~46494~~

1. PLACE OF DEATH  
 91 County Ripley Registration District No. 750  
 Townshp. Douglas Primary Registration District No. 4451  
 City (No. ) St. (Ward)

2. FULL NAME Gertrude Jussia O'Brien  
 (a) Residence, No. St. Ward.  
 (Usual place of abode)  
 Length of residence in city or town where death occurred 42 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 OF (OR) WIFE OF Charles Morgan O'Brien  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 16-5-1895  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, or min.  
42 6 24

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife  
 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) Ripley Co. Mo.

MOTHER FATHER  
 13. NAME S. L. O'Brien

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo. Genby Co.

15. MAIDEN NAME Inez Bell

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

17. INFORMANT (ADDRESS) E. Ken O'Brien

18. BURIAL, CREMATION, OR REMOVAL PLACE New Hope Co. DATE Jan. 2 1938

19. UNDERTAKER (ADDRESS) J. E. Jordan

20. FILED 1-3 1938 C. B. Johnston Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-2, 1938  
 22. I HEREBY CERTIFY, That I attended deceased from Oct 15, 1936, to Jan 2, 1938  
 I last saw her alive on Jan 1, 1938. Death is said to have occurred on the date stated above, at 2:40 a.m.  
 The principal cause of death and related causes of importance were as follows:

Cancer of throat and larynx and lungs

Other contributory causes of importance: 48

Cancer of uterus

Name of operation Lap. Date of 11-7-36  
 What test confirmed diagnosis? Biopsy 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?  
 If so, specify

(Signed) J. E. Jordan M. D.  
 (Address) Douglas

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

