

REC'D MAR 20 1939

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

7077
Do not use this space.

1. PLACE OF DEATH

(a) County Linn Registration District No. 496
(b) Township Brookfield Primary Registration District No. 3025 Registered No. 18
(c) City Brookfield (d) Street No. 414 Macon St St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 2 yrs. mos. da. (f) How long in U.S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

JAMES F. O'SHAUGHNESSY
(a) Residence, No. 414 Macon St. St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

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) Feb. 26, 1861

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
77 11 27

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 1937 Jan. 11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boston, Mass.

FATHER 13. NAME John O'Shaughnessy

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

MOTHER 15. MAIDEN NAME Hannah Condon

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

17. INFORMANT (ADDRESS) Wm. O'Shaughnessy, Brookfield, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mendon, Mo. DATE Feb 25, 39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Rusk Funeral Home, Brookfield, Mo.

20. FILED Mar 1 1939 Wm. O'Shaughnessy Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 23, 1939

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1938, to Feb 23, 1939
I last saw him alive on 2-22-39 at 1:30 p.m. Death is said to have occurred on the date stated above, at 6:30 a.m.
The principal cause of death and related causes of importance were as follows:

Cerebral infarction

Other contributory causes of importance: Ht

Name of operation none Date of _____
What test confirmed diagnosis? Clinical 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) W. A. Puffer, M. D.
W. A. Puffer (Address) Brookfield, Mo.

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.

RECEIVED

District Health Officer No. 10

District File Number 10-39-330

Date Filed MAR 3 1939

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.
working under my personal supervision.

Signed H. B. Wright

Licensed Embalmer No. 3718

P. O. Address Brookfield, Md.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.