DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 43969

Registration District No. 3038 Primary Registration District No. 3028 Registrar's No. 98

1. PLACE OF DEATH:
(a) County Madison
(b) City or town Frederickstown
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community Lifelong (Specify whether years, months or days)

3. (a) PRINT FULL NAME Anna O'Brien
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife E. L. O'Brien
6. (c) Age of husband or wife if alive 70 years
7. Birth date of deceased Feb. (Month) 28 (Day) 1868 (Year)

8. AGE: Years 73 Months 9 Days 11 If less than one day hr. min.

9. Birthplace Adrian (City, town, or county) Mich. (State or foreign country)
10. Usual occupation Housewife
11. Industry or business Home
FATHER 12. Name Unknown
13. Birthplace Unknown (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Rosa DeFrance
15. Birthplace St. Louis (City, town, or county) (State or foreign country)
16. (a) Informant's own signature E. L. O'Brien
(b) Address Frederickstown Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/11/39 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary, St. Louis
18. (a) Signature of funeral director Ed. A. Webb
(b) Address Frederickstown Mo
19. (a) Dec 11 1939 (Date received local registrar) (b) S. C. S. Burcham By C. P. Edwards (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Madison
(c) City or town Frederickstown
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 9 year 1939 hour 8 minute 30 P.M.
21. I hereby certify that I attended the deceased from Dec 9, 1939, to Dec 9, 1939, that I last saw her alive on Dec 9, 1939, and that death occurred on the date and hour stated above.

Immediate cause of death Gastral anemia — Duration
Due to Septicemia in leg - supposed to be from
Due to Jr Iodine poisoning
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature W. Harry Barron (M. D.)
Address Frederickstown Date signed Dec 13 39

(Licensed Embalmer's Statement on Reverse Side)

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.

481

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 Not Embalmed, Registered Apprentice No. ..... working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.

FILL IN ANSWERS TO ALL SPACES CHECKED IN RED PENCIL.

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

43969
Do not use this space.

1. PLACE OF DEATH
(a) County Madison Registration District No. 538
(b) Township Primary Registration District No. 3028 Registered No. 98
(c) City Fredericktown (d) Street No. 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Anna O'Brien
(a) Residence, No. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) m

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 28-1868

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
71	9	11	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
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)
11. Total time (years) spent in this occupation

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

FATHER
13. NAME
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE DATE ,19

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED Feb 6-1949 S. C. Slaughter
Local Registrar
By C. A. Schwanen

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 9, 1939

22. I HEREBY CERTIFY, That I attended deceased from ....., 19...., to ....., 19.....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at .....m.
The principal cause of death and related causes of importance were as follows:

	Date of onset

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) W. Harry Barron, M. D.
(Address) Fredericktown

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

N.B.—Every item of information should be carefully supplied. AGE SEX and RACE should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.