DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 12 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

18303

State File No.

Registration District No. 184 Primary Registration District No. 3038 Registrar's No. 188

1. PLACE OF DEATH:

5 (a) County Linn

1 (b) City or town Brookfield
(If outside city or town limits, write "RURAL" and name of township)

2 (c) Name of hospital or institution: 1 Home
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution — (Specify whether
In this community — years, months or days)

2. USUAL RESIDENCE OF DECEASED: .58

(a) State Mo (b) County Linn

(c) City or town Brookfield
(If outside city or town limits, write "RURAL")

(d) Street No. 122 W North
(If rural, give location)

(e) If foreign born, how long in U. S. A.? — 0 years.

3. (a) PRINT FULL NAME Mary A. O'Brian

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 Single

6. (b) Name of husband or wife — 6. (c) Age of husband or wife if alive — years

7. Birth date of deceased Nov (Month) 30 (Day) 1877 (Year)

8. AGE: Years 65 Months 5 Days 4 If less than one day hr. min.

9. Birthplace Ottumwa (City, town, or county) Ia (State or foreign country) 1

10. Usual occupation

11. Industry or business School Teacher

FATHER
12. Name Thomas O'Brian
13. Birthplace County Cork (City, town, or county) Ireland (State or foreign country)

MOTHER
14. Maiden name Alice Skinner
15. Birthplace Lancaster (City, town, or county) Pa (State or foreign country) 1

16. (a) Informant's own signature T. H. O'Brian
(b) Address Brookfield Mo

17. (a) Removal Burial (Burial, cremation, or removal) (b) Date thereof May 7-43 (Month) (Day) (Year)
(c) Place: burial or cremation Ottumwa Ia

18. (a) Signature of funeral director Hunter & Rollins
(b) Address Brookfield

19. (a) 5-5-1943 (Date received local registrar) (b) W W Cowan (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 4th year 43 hour 8:00 minute 0 M.

21. I hereby certify that I attended the deceased from Apr 1, 1943, to May 4, 1943, that I last saw her alive on 5-4, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute Myocarditis	1 da
Due to: Arteriosclerosis Hypertension Chr Interstitial Nephritis	1 yr.
Due to	
Other conditions 0 (Include pregnancy within 3 months of death)	
Major findings: Of operations 0	
Of autopsy 0	

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) 0
(b) Date of occurrence 0
(c) Where did injury occur? 0 (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? 0 (Specify type of place)
While at work? 0 (e) Means of injury 0

23. Signature [signature] (M. D. or other)
Address Brookfield, Mo. Date signed 5-5-43

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

Rev. 5-1-39 1 X19511

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 L W Rollins

Licensed Embalmer No. 1144

P. O. Address Brookfield Mo

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.