

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

Do not use this space.

2218A

MAR 21 1928

1. PLACE OF DEATH

County Candolph  
Township  
City Moberly

Registration District No. 735  
Primary Registration District No. 3034  
(No. 502 Horner)

File No. 30  
Registered No. 21  
St. 4th Ward

2. FULL NAME

(a) Residence No. 502 Horner St. 4th Ward.

(Usual place of abode) (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 Fe. 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) W.

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

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

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
75

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housekeeper  
(b) General nature of industry, business, or establishment in which employed (or employer)  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Mo  
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER John O'Hearn

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ireland  
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) "  
(STATE OR COUNTRY)

14. INFORMANT Chas Emery  
(Address) Moberly Mo

15. FILED 1-26-28 Thos Fleming  
REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 25<sup>th</sup> 1928

17. I HEREBY CERTIFY That I attended deceased from Jan 3, 1928, to Jan 7, 1928  
that I last saw her alive on Jan 7, 1928, and that death occurred, on the date stated above, at 9:15 A.M.

THE CAUSE OF DEATH WAS AS FOLLOWS:

United Regurgitation

CONTRIBUTORY (SECONDARY) Chronic Nephritis  
(duration) yrs. mos. ds. 6

18. WHERE WAS DISEASE CONTRACTED NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?  
(Signed) H. H. Longclass, M. D.

1-26, 1928 (Address) Moberly Mo

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, OR HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Moberly Mo DATE OF BURIAL 1-26<sup>th</sup> 1928

20. UNDERTAKER Mahon and Son ADDRESS Moberly 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.

