MAY 29 1928

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

Do not use this space.

D 12352

File No. .....

Registered No. 464

1. PLACE OF DEATH

County: Buchanan — Registration District No. 85

Township: ..... — Primary Registration District No. 1001

City: St Joseph (No. State Hospital No. 2 St. ..... Ward)

2. FULL NAME: Elizabeth O'Hara

(a) Residence. No. ..... St., ... Ward. Bosworth, Mo.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F.

4. COLOR OR RACE: W.

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): April. 29. 1868.

7. AGE: Years 59 | Months 11 | Days 12 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: School Teacher
(b) General nature of industry, business, or establishment in which employed (or employer): .....
(c) Name of employer: .....

9. BIRTHPLACE (CITY OR TOWN): McClain County.
(STATE OR COUNTY): ~~Missouri~~ ILLINOIS

PARENTS

10. NAME OF FATHER: Charles P O,Hara

11. BIRTHPLACE OF FATHER (CITY OR TOWN): Unknown
(STATE OR COUNTY): ~~N. Ireland~~ Ireland

12. MAIDEN NAME OF MOTHER: Elizabeth McKenna

13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Unknown
(STATE OR COUNTY): Ireland

14. INFORMANT: D.S.O,Hara
(Address): Bosworth, Mo.

15. FILED: MAY 12 1928 19.... John G. Ott, S.S. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): April 11th 1928

17. I HEREBY CERTIFY, That I attended deceased from Oct. 13th, 1928, to April 11th, 1928 that I last saw h. alive on April 11th, 1928, and that death occurred, on the date stated above, at 9:30 — a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pulmonary Tuberculosis
23 H
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY): Insanity
(duration) ..... yrs. ..... mos. ..... ds.

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18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? No. DATE OF .....
WAS THERE AN AUTOPSY? No.
WHAT TEST CONFIRMED DIAGNOSIS? Clinical & Lab.

(Signed) C. A. Dwyer, M. D.
Apr. 11 1928 (Address) State Hosp. #2

*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: Carrollton, Missouri.

DATE OF BURIAL: April. 14 1928

20. UNDERTAKER: H. C. Siebenfaden

ADDRESS: 1802 Union Str

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.