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

Do not use this space.

25870

1. PLACE OF DEATH

County ..... Registration District No. 781 ..... File No. 25870

Township ..... Primary Registration District No. 103 ..... Registered No. 7726

City St. Louis, Mo. (No. 2733 Geyer St. ..... Ward)

2. FULL NAME Hannah M. O'Brien

(a) Residence. No. 2733 Geyer St., 23 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
female	white	widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug - 31 - 1891

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	36	10	25	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife 25 1928

(b) General nature of industry, business, or establishment in which employed (or employer) At home

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St. Louis, Mo. (STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Joseph E. Smith

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

12. MAIDEN NAME OF MOTHER Anna E. McCune

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St. Louis, Mo. (STATE OR COUNTRY)

14. INFORMANT Mrs. H. A. Sturdy (Address) 2733 Geyer Ave

15. FILED JUL 26 1923, 19..... Max C. Starkloff REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 25th 1928

17. I HEREBY CERTIFY, That I attended deceased from July 21st, 1928, to July 24, 1928, that I last saw her alive on July 24, 1928, and that death occurred, on the date stated above, at 9.10 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Intestinal obstruction due to Intestinal Tuberculosis

25 1928 (duration) ..... yrs. ..... mos. 4 ds.

CONTRIBUTORY (SECONDARY) Intestinal tuberculosis

(duration) 1 yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? no

DID AN OPERATION PRECEDE DEATH? no DATE OF —

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) Jno H. McGaughan, M.D.

, 19 (Address) 2759 Lafayette

*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 Valhalla Cem. DATE OF BURIAL 7-27-1928

20. UNDERTAKER Peetz Bros. 3029 ADDRESS Lafayette

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.

1 - 2.30 pm