

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

Do not use this space.
10522
File No. _____
Registered No. **2510**
St. _____ Ward _____

1. PLACE OF DEATH

County _____ Registration District No. **791**
Township _____ Primary Registration District No. **1003**
City **St. Louis** (No. **1501** **Wagoner Pk**)

2. FULL NAME

Rebecca Bell O'Briant
(a) Residence No. **1501 Wagoner Pk St.** Ward. **11**
(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 Female | 4. COLOR OR RACE White | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF George O'Briant | | |
| 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 26-1852 | | |
| 7. AGE | YEARS 77 | MONTHS 5 |
| | DAYS 14 | IF LESS than 1 day, _____ hrs. or _____ min. |

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN)

Hopkins Co
(STATE OR COUNTRY) **Kentucky**

10. NAME OF FATHER

Abe Day

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Kentucky
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

Martha Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Kentucky
(STATE OR COUNTRY)

14.

INFORMANT **Joseph J. O'Briant**
(Address) **1501 Wagoner Place**

15.

FILED _____ 19 _____
J. C. [Signature]
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **Mar. 10th 1930**

17. I HEREBY CERTIFY, That I attended deceased from **Jan 3**, 1930, to **Mar 10**, 1930, that I last saw her... alive on **10 day Mar. 1930** and that death occurred, on the date stated above, at **8:05 P. M.**

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pulmonary Phthisis
22A
3/9 219
9:30 (duration) **10** yrs. **5** mos. **14** ds.
CONTRIBUTORY (SECONDARY) **arterio-sclerotic changes in the coronary arteries and atherosclerosis of the coronary arteries**
(duration) **10** yrs. **5** mos. **14** ds.

18. WHERE WAS DISEASE CONTRACTED

St. Louis

IF NOT AT PLACE OF DEATH _____

0 DID AN OPERATION PRECEDE DEATH? **no** DATE OF _____

WAS THERE AN AUTOPSY? **no**

WHAT TEST CONFIRMED DIAGNOSIS **Sputum**
(Signed) **J. Louis Potter**, M. D.

3/11, 1930 (Address) **4635 Easton**

*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

St Mathews Cem

DATE OF BURIAL

3-12 1930

20. UNDERTAKER

C. P. Lupton

ADDRESS

4449 Olive St.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

K. 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.

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