WRITE PLAINLY, WITH UNFADING INK—THIS IS 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.

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

Do not use this space.

9288

1. PLACE OF DEATH
County: Bo Bosshee Co. — Registration District No. 218 — File No. 39
Township: — Primary Registration District No. 2015 — Registered No. 219
City: Bronville Mo. (No. ..... St. ..... Ward)

2. FULL NAME: Timothy Obrien
(a) Residence. No. 808 Spring St., ... Ward. Sedalia Mo
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male.
4. COLOR OR RACE: white.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): widower
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Widowed Marguerite Obrien.
6. DATE OF BIRTH (MONTH, DAY AND YEAR): 1847
7. AGE: Years 83 — Months 9 — Days 7 — If LESS than 1 day, ... hrs. or ..... min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Retired Farmer
(b) General nature of industry, business, or establishment in which employed (or employer): .....
(c) Name of employer: .....
9. BIRTHPLACE (CITY OR TOWN): Kerry
(STATE OR COUNTRY): Ireland. 15

PARENTS
10. NAME OF FATHER: John Obrien
11. BIRTHPLACE OF FATHER (CITY OR TOWN): .....
(STATE OR COUNTRY): Ireland.
12. MAIDEN NAME OF MOTHER: Reardon.
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): .....
(STATE OR COUNTRY): Ireland

14. INFORMANT: Mal O'Brien
(Address): 419 S Park Sedalia Mo
15. FILED 3/31 1931 G. A. Russell-M.D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): March 31 1931
17. I HEREBY CERTIFY, That I attended deceased from November 1, 1930, to March 31, 1931, that I last saw him alive on March 26, 1931, and that death occurred, on the date stated above, at 6:30 a.m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Myocardial Degeneration
(duration) 2 yrs. mos. ds.
CONTRIBUTORY (SECONDARY): Senility
(duration) yrs. mos. ds.
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
(Signed) W. H. Ziegler, M.D.
, 19 (Address) Bronville, 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: Spring Fork - Near Sedalia — DATE OF BURIAL: April 2 1931
20. UNDERTAKER: McLaughlin Bro Fun Co — ADDRESS: Sedalia Mo.