

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

Do not use this space.

3062

**1. PLACE OF DEATH**

County.....

Registration District No. 791

Township.....

Primary Registration District No. MOUSS

City.....

(No. 2329, Montgomery)

File No.....

Registered No. 1

791

St.....

Ward.....

**2. FULL NAME**

Mary O'Brien

(a) Residence. No. 2329

Montgomery St., 20 Ward.

(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)**

Married

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

John O'Brien

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

July 2, 1860

**7. AGE**

YEARS

MONTHS

DAYS

IF LESS than 1 day, ..... hrs. or ..... min.

71

6

21

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work.

Housewife

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

(c) Name of employer

**9. BIRTHPLACE (CITY OR TOWN)**

(STATE OR COUNTRY)

Ireland <sup>15</sup>

**10. NAME OF FATHER**

Thomas Hogan

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY)

Ireland

**12. MAIDEN NAME OF MOTHER**

Mary Layton

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY)

Ireland

**14. INFORMANT**

(Address)

Miss Mae O'Brien  
2329 Montgomery St.

**15. FILED**

25 1932

REGISTRAR

**2 MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)**

Jan 23 1932

**17.**

I HEREBY CERTIFY, That I attended deceased from Jan 9, 1932 to Jan 23, 1932 that I last saw him alive on Jan 22, 1932 and that death occurred, on the date stated above, at 12 p. m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

ch myocarditis

930

97

(duration) 1 yrs.  mos.  ds.

**CONTRIBUTORY (SECONDARY)**

Arteriosclerosis

(duration)  yrs.  mos.  ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? No DATE OF (1)

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS chem

(Signed) A W Sewing

M. D.

1/24, 1932 (Address) 2329 O'Brien

\*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**

**DATE OF BURIAL**

Calvary Cemetery

Jan 26 1932

**20. UNDERTAKER**

Goodhart & Goodhart

ADDRESS 2228

St Louis ave

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.

