

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

Do not use this space.

27084

1. PLACE OF DEATH

County Randolph Registration District No. 735
Township Moberly Primary Registration District No. 3034
City Moberly (No. 423, no ault)

File No. _____
Registered No. 57
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 423 no ault St. _____ 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) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Bryan
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 9th 1850
7. AGE YEARS 82 MONTHS 3 DAYS 9 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland 15

13. NAME Petruck O'Neil

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

15. MAIDEN NAME Annastasia Kinsella

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT Miss Alice Brennan (ADDRESS) Moberly mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Moberly DATE Aug 20th 1932

19. UNDERTAKER M. Chan and Son (ADDRESS) Moberly, Mo

20. FILED 8/19 1932 Geo. S. Leming Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 17th 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 10, 1932, to Aug 17, 1932
I last saw her alive on Aug 14, 1932. Death is said to have occurred on the date stated above, at 3:20 P.M.
The principal cause of death and related causes of importance were as follows:

Senility
Date of onset
12:00
1:20 / 120

Other contributory causes of importance:
Gastric Enteritis ①

Name of operation _____ Date of _____
What test confirmed diagnosis? clinical Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) H.C. Griffiths, M. D.
(Address) Moberly, Mo

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.

SEP 26 1932

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