FEB 27 1934

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

MARGIN RESERVED FOR BINDING

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.

V. S. NO. 1

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

Do not use this space.

281

85

1. PLACE OF DEATH

County Buchanan — Registration District No. 85

Township — Primary Registration District No. 1001

City St. Joseph, (No. 906 Sylvania St. St. Ward)

File No.

Registered No. 94

2. FULL NAME John R. O'Day

(a) Residence, No. 906 Sylvania Street St., 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: Male

4. COLOR OR RACE: W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan. 28th, 1870

7. AGE: YEARS 63 — MONTHS 11 — DAYS 27 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Real estate agent

10. Date deceased last worked at this occupation (month and year): Jan. 1934

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Collinsville, Connecticut

FATHER

13. NAME: Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown, Unknown

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown, Unknown

17. INFORMANT (ADDRESS): Earle O'Day, Pasadena, California

18. BURIAL, ~~CREMATION~~, OR ~~REMOVAL~~

PLACE Mt. Olivet Cem DATE Jan. 29, 1934

19. UNDERTAKER (ADDRESS): H.O. Sidenfaden, 1802 Union St.

20. FILED 1-29-34, 19 John R. Bender, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Jan. 25, 1934, 19

22. I HEREBY CERTIFY, That I viewed attended deceased from Jan. 25th, 1934, to ....., 19....

I last saw him alive on about ....., 19.... Death is said to have occurred on the date stated above, at 3 AM m.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis

Date of onset

Other contributory causes of importance: No facts

Name of operation none Date of

What test confirmed diagnosis? Clin hist Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? none Date of injury ....., 19....

Where did injury occur? none (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury none

Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Forrest Thomas Coroner, M.D.

(Address) 801½ Felix St.