

JUN 1 8 1935

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

Do not use this space.

15456

1. PLACE OF DEATH

County St. Louis Registration District No. 4
Township Kirkville Primary Registration District No. 3001
City Kirkville No. _____ St. _____ Ward _____

File No. _____
Registered No. 103

2. FULL NAME

Wm Calvin O'Briant
(a) Residence, No. Lancaster Mo 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. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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 Nellie O'Briant

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 19, 1864

7. AGE YEARS 70 MONTHS 7 DAYS 28 If LESS than 1 day, _____ hrs. or _____ min.

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

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) Glenns, Mo

13. NAME Wm O'Briant

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Glenns, Va.

15. MAIDEN NAME Elizabeth Foglesong

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Glenns, Va.

17. INFORMANT (ADDRESS) Boyd O'Briant, Lancaster, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Lancaster DATE May 19, 1935

19. UNDERTAKER (ADDRESS) John A. Roberts, Lancaster, Mo

20. FILED May 20, 1935 Spencer Freeman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 17, 1935

22. I HEREBY CERTIFY, That I attended deceased from April 25, 1935 to May 17, 1935
I last saw him alive on May 17, 1935 Death is said to have occurred on the date stated above, at 8:15 P. m.

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

Uremia
Prostatic hypertrophy
Date of onset _____

Name of operation Prostatic resection Date of April 30, 1935
What test confirmed diagnosis? _____ Was there an autopsy? no

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) Earl Laughlin, M.D.
(Address) Kirkville, 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.

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