

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.

18 1935

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

Do not use this space.

15658

1. PLACE OF DEATH

County Buchanan Registration District No. 85
 Township _____ Primary Registration District No. 1001
 City St. Joseph, (No. 2116 South 11th.)

File No. _____
 Registered No. 547
 St. _____ Ward _____

2. FULL NAME Lena O'Hern.

(a) Residence, No. 2116 So. 11th. St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

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 James O'Hern,
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 15, 1863
 7. AGE YEARS 71 MONTHS 11 DAYS 0 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeping,
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At. Hose,
 10. Date deceased last worked at this occupation (month and year) May 1935. 11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Buffalo, New York,

MOTHER 13. NAME Mathias Hans,

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

15. MAIDEN NAME Unknown,

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

17. INFORMANT (ADDRESS) Roy J. Pemberton, Keokuk, Iowa,

18. BURIAL, CREMATION, OR REMOVAL PLACE Keokuk, Iowa DATE May 17th 1935

19. UNDERTAKER (ADDRESS) Winton B. B. ... 319 So. 10th. St. Funeral Home

20. FILED 5-16 1935 John R. Bunker Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 15, 1935

22. I HEREBY CERTIFY, That I attended deceased from March 13, 1935, to May 11, 1935
 I last saw him alive on May 11, 1935. Death is said to have occurred on the date stated above, at 3:00 p.m.
 The principal cause of death and related causes of importance were as follows:

General Paralysis of Insane Date of onset March 18, 1935
82

Other contributory causes of importance: Senile Dementia one year

Name of operation _____ Date of _____
 What test confirmed diagnosis? Clinical as 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) Charles H. Werner, M. D.
 (Address) 407 Kirkpatrick Bldg. St. Joseph, Mo.

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

Do not use this space.

1. PLACE OF DEATH

County Buchanan Registration District No. 85
Township _____ Primary Registration District No. 1001
City St Joseph (No. _____) _____ St. _____ Ward _____

File No. _____
Registered No. 5717

2. FULL NAME

(a) Residence, No. _____ 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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) W

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. _____ min. 71 11 0

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. _____
10. Date deceased last worked at this occupation (month and year) _____ If Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

FATHER
13. NAME _____
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

MOTHER
15. MAIDEN NAME _____
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

17. INFORMANT (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL PLACE _____ DATE _____ 19. _____

19. UNDERTAKER (ADDRESS) _____

20. FILED 7-12-1935 John R. Bender Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 15, 1935

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw h_____ alive on _____, 19____. Death is said _____

to have occurred on the date stated above, at _____ m.

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

General paralysis of Insane Date of onset _____

Senile paresis

Other contributory causes of importance: Senile Dementia

Name of operation 82 Date of _____

What test confirmed diagnosis? _____ 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? _____

If so, specify _____

(Signed) _____, M. D.

(Address) _____

CHOSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JUL 10 1935

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