

MAY 25 1936

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

Do not use this space.

Michael 16338
File No. 129 131
Registered No. 668
St. Ward

1. PLACE OF DEATH

County PettisRegistration District No. 668

Township

Primary Registration District No. 9032City Sedalia

(No. _____)

St. _____

Ward _____

2. FULL NAME Elizabeth O'Brien(a) Residence, No. 1217 W. Main

St. _____

Ward _____

(Usual place of abode)

(If nonresident, give city or town and State)

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female4. COLOR OR RACE White5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF James Patrick O'Brien6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 3 - 1868

7. AGE

YEARS 68MONTHS 11DAYS 19

If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION

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) Ohio13. NAME Joseph Waltzer14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn.15. MAIDEN NAME Do not know.

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

17. INFORMANT Forrest J. O'Brien

(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE Crown Hill DATE 4-24-193619. UNDERTAKER McLaughlin Bros(ADDRESS) Sedalia, Mo20. FILED April 24, 1936Jean Slack

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 22, 193622. I HEREBY CERTIFY, That I attended deceased from May 10, 1935, to April 22, 1936I last saw her alive on April 5, 1936 Death is said to have occurred on the date stated above, at 9 a. m.

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

Chronic myocarditisDate of onset Dec 1935

Other contributory causes of importance:

Senile dementia & arteriosclerosis
Chronic interstitial nephritisName of operation none

Date of _____

What test confirmed diagnosis? Chrom Was there an autopsy? No

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

Accident, suicide, or homicide? No Date of injury _____, 1936

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) Michael

M. D.

(Address) Sedalia, 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.

