

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

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

Do not use this space.

**1. PLACE OF DEATH**

County St. Francis Registration District No. 779  
 Township Franklin Primary Registration District No. 6034a  
 City R.F.D. No. 4, Farmington (No.         ) St.          Ward         

20526

File No.           
 Registered No.         

**2. FULL NAME** Mr. Alexander M. O'Brien

(a) Residence, No. R.F.D. No. 4, Farmington, Mo. St. Ward           
 (Usual place of abode)

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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE White-Cauc. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Minnie O'Brien

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) November 8 - 1868

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	68	6	9	

8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc. Farmer.  
 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) Carl County  
 (STATE OR COUNTRY) West Virginia.

13. NAME Mr. Kelly O'Brien

14. BIRTHPLACE (CITY OR TOWN) West Virginia  
 (STATE OR COUNTRY) West Virginia

15. MAIDEN NAME Lulista Bond

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

17. INFORMANT Mrs. Minnie O'Brien, wife  
 (ADDRESS) R.F.D. No. 4, Farmington, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Calhoun DATE May 19<sup>th</sup> 1936

19. UNDERTAKER Mr. W. W. Hood  
 (ADDRESS) Lat. River, Mo.

20. FILED 6-9-36 W. F. Blackworth  
 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/17, 1936

22. I HEREBY CERTIFY, That I attended deceased from         , 1932, to 5/17, 1936  
 I last saw him alive on April 1, 1936. Death is said to have occurred on the date stated above, at 11:30 P.M.  
 The principal cause of death and related causes of importance were as follows:

chronic angina  
myocarditis  
 Date of onset 1932

Other contributory causes of importance 131

Name of operation          Date of           
 What test confirmed diagnosis? clinical 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) W. F. Blackworth, M. D.  
 (Address) Desloge, 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.

