

JUL 29 1936

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

Do not use this space.

25217

1. PLACE OF DEATH

County Stoddard Registration District No. 836
Township Lincoln Primary Registration District No. 6028A
City Bernea (No. 4307) St. _____ Ward _____

File No. 28
Registered No. 28

2. FULL NAME Ota May O'Heren

(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 female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wm. May O'Heren
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 5 1886
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
49 8 1
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper
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) Kentucky

MOTHER FATHER 13. NAME J. P. Spears

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Denn

MOTHER 15. MAIDEN NAME Susan Donnelly

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

17. INFORMANT Wm O'Heren (ADDRESS) Bernea, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Bloomfield Cem DATE 6-7 1936

19. UNDERTAKER Dale J. Hopkins (ADDRESS) Bernea, Mo

20. FILED 6/13 1936 Therese Allen Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/17 1936

22. I HEREBY CERTIFY, That I attended deceased from 4/19/36 1936, to 6/6/1936, 1936

I last saw her alive on June 6, 1936. Death is said to have occurred on the date stated above, at 1:37 p.m.

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

Pulmonary Tuberculosis.

Date of onset _____

Other contributory causes of importance: Metastatic

Name of operation _____ Date of _____

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 _____, 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? _____

If so, specify _____

(Signed) Therese Allen, M. D.

(Address) Bernea, Mo

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.

WHITE EMBLETT, WITH "ON-ADIRING" INK—THIS IS A PERMANENT RECORD

