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

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.

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

DEC 18 1936

Do not use this space.

40482

1. PLACE OF DEATH

County: Buchanan — Registration District No. 85

Township: — Primary Registration District No. 1001

City: St. Joseph (No. St. Joseph's Hospital St. Ward)

File No.

Registered No. 1463

2. FULL NAME John James O'Brien

(a) Residence, No. 1212 Frederick St., Ward. (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 60 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): January 26, 1869.

7. AGE: ✓ 67 YEARS — MONTHS: 9 — DAYS: 27 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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): 1930

11. Total time (years) spent in this occupation: 40 Yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Cleveland Ohio

FATHER

13. NAME: Maurice O'Brien

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Ireland

MOTHER

15. MAIDEN NAME: Mary Daly

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

17. INFORMANT (ADDRESS): W. S. O'Brien 1522 Edmond Str. St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL: Mt. Olivet Cemetery PLACE St. Joseph, Mo. DATE Nov. 25, 1936

19. UNDERTAKER (ADDRESS): H. O. Sidenfaden 1802 Union Str. St. Joseph, Mo.

20. FILED Nov 24 1936 H J Nestasuch Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): November 23, 1936

22. I HEREBY CERTIFY, That I attended deceased from 11/22, 1936, to 11/23, 1936

I last saw him alive on 11/23, 1936. Death is said to have occurred on the date stated above, at 8:20 P.M.

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

	Date of onset
Myocarditis with acute heart dilatation + heart failure	1936
Other contributory causes of importance:	
Passive congestion of liver — chr. fibrinous pleurisy	1936

Name of operation: none — Date of

What test confirmed diagnosis? autopsy — Was there an autopsy? yes

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

Accident, suicide, or homicide? no — 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: none

Nature of injury: none

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) J. G. Thompson, M. D.

(Address) 1215 Charles St. Joseph, Mo.