

MAR 22 1937

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

Do not use this space.

1. PLACE OF DEATH

County JohnsonRegistration District No. 427583File No. 6900Township KingsvillePrimary Registration District No. 55-92Registered No. 64City George Lee (No. 01)St. Mo. Ward 12. FULL NAME George Lee O'Brien(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 50 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

White5. SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)Married5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OFSecond Mary Bonard O'Brien

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

Apr 13 - 1885

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1
day,hrs.
ormin.51101

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.Farmer9. 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)Jackson County
Mo

13. NAME

Thomas O'Brien14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Kentucky

15. MAIDEN NAME

Mary Clark16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Ireland17. INFORMANT
(ADDRESS)R. L. O'Brien
Holden Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACED John Conroy DATE Feb 17 193719. UNDERTAKER
(ADDRESS)W. L. Adams
Holden Mo.20. FILED Feb 19 1937Mrs. G. V. Redford
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 15 1937

22. I HEREBY CERTIFY, That I attended deceased from

Feb 7 1937 to Feb 15 1937I last saw him alive on Feb 15 1937. Death is saidto have occurred on the date stated above, at 3:15 P.m.

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

Lobar PneumoniaDate of onset
2/6/37

Other contributory causes of importance:

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 , 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? noIf so, specify (Signed) Kelly Rawlins, M. D.(Address) Holden 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.

