

REC'D MAR 14 1938

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

6086
Do not use this space.

1. PLACE OF DEATH

(a) County Beechouan Registration District No. 85
(b) Township 1 Primary Registration District No. 1001 Registered No. 161
(c) City St Joseph (d) Street No. Harves Road St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 21 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

SUSAN-ANNAH-O'BRIEN 165
(a) Residence, No. 909 North 5 St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE W. Wh.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND-OF (OR) WIFE OF M. C. O'Brien
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 12 1867
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 75 1 24
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. at home
9. Industry or business in which work was done, as 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) Fillmore Mo. 0

FATHER 13. NAME R. E. Tipton 1

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Do not know

MOTHER 15. MAIDEN NAME Sarah P. Richardson 9

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Do not know

17. INFORMANT (ADDRESS) R. O'Brien R. R. # 31

18. BURIAL, CREMATION, OR REMOVAL PLACE Fillmore Mo. 0 DATE Feb. 9 38

19. FUNERAL DIRECTOR (ADDRESS) Stoney Funeral Home St Joseph Mo.

20. FILED Jan 8, 1938 W. H. Mettchen Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 6 1938
22. I HEREBY CERTIFY, That I attended deceased from Apr. 23, 1937 to Feb 6 1938
I last saw him alive on Feb 6 1938 Death is said to have occurred on the date stated above, at 3:30 P.M.
The principal cause of death and related causes of importance were as follows:

myocarditis - chr. years
atherosclerosis
general
Coronary occlusion 2/6/38
Other contributory causes of importance:
myocardial infarction 9 20
mitral insufficiency 1937

Name of operation none Date of no
What test confirmed diagnosis? clinical Was there an autopsy? no

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) A. T. Blacum, M. D.
(Address) 6218 N. 3rd St.

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.

STATEMENT BY LICENSED EMBALMER

I, John Roy Stamey, Licensed Embalmer No. 2435
hereby certify that the body recorded on the reverse side of this certificate was embalmed by John Roy Stamey
No. _____ or by John H. Hershey, L. E., Registered Apprentice No. 96
working under my personal supervision.
Signed John Roy Stamey
Licensed Embalmer No. 2435

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)