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.

REC'D APR 23 1938

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

Do not use this space.

9648

1. PLACE OF DEATH
County Jackson
Township Kan
City Kansas City (No. K C Gen Hosp St. Ward)

Registration District No. 399
Primary Registration District No. 1002

File No.
Registered No. 1113

2. FULL NAME O'Brien Beulah 165
(a) Residence, No. 4625 E. 8th 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 F.
4. COLOR OR RACE W.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF no Record
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) No Record
7. AGE YEARS 65 MONTHS DAYS If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
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) No Record 9

FATHER
13. NAME No Record 9
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Record 9

MOTHER
15. MAIDEN NAME No Record
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Record

17. INFORMANT (ADDRESS) Record Clerk, K.C. Gen Hospital
18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Washington DATE 3/12/38 19
19. UNDERTAKER (ADDRESS) Quirk & Tobin Co Kansas City Mo
20. FILED Mch 11 1938 M. M. Grower Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-1 1938

22. I HEREBY CERTIFY, That I attended deceased from 1-17, 1938, to 2-1, 1938
I last saw her alive on 2-1, 1938 Death is said to have occurred on the date stated above, at 6:45 a m
The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage — Date of onset

82a

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

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?
If so, specify
(Signed) P. F. De Maria, M. D.
(Address) Supt K C Gen Hosp KC Mo