REC'D MAY 18 1939

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

Do not use this space.

File No. 14603

Registered No. 45

1. PLACE OF DEATH

County: Clay

Township: Fishing ~~River~~

City: Excelsior Springs, Mo. (No. Veterans Administration Facility, St. 3d Ward)

Registration District No. 146

Primary Registration District No. 311

2. FULL NAME O'BRIEN, John

(a) Residence, No. 109 West 39th St. St., Ward. Kansas City, Missouri
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 2 mos. 25 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR ~~WIFE OF~~) Grace O'Brien

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 31, 1890

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	48	3	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Receiving Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas City, Mo.

FATHER

13. NAME Tom H. O'Brien

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Muscatine, Iowa

MOTHER

15. MAIDEN NAME Mattie Swadley

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pine Village, Ind.

17. INFORMANT (ADDRESS) Hospital Records

18. BURIAL, CREMATION, OR REMOVAL PLACE Kansas City, Mo. DATE 4-5-39, 19

19. UNDERTAKER (ADDRESS) John C. Prather, Excelsior Springs, Mo

20. FILED Apr 5, 1939 Lorena McCracken Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 4, 1939, 19

22. I HEREBY CERTIFY, That I attended deceased from Jan. 10, 1939, 19, to Apr. 4, 1939, 19. I last saw him alive on Apr. 4, 1939, 19. Death is said to have occurred on the date stated above, at 6:00 p. m.

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

	Date of onset
Valvular heart disease; aortic stenosis; mitral insufficiency, rheumatic type	

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?

If so, specify

(Signed) John E. Kelly, M. D. Manager, M. D.

(Address) Veterans Administration Facility Excelsior Springs, 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.

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 5/3/39