

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

29469
 Do not use this space.

REC'D SEP 20 1939

1. PLACE OF DEATH

(a) County Jefferson Registration District No. 420
 (b) Township Waller Primary Registration District No. 3022 Registered No. 52
 (c) City Desoto (d), Street No. _____ (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

(a) Residence, No. 420 Boyd St. - Desoto 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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed (write the word)

6. IF MARRIED, WIDOWED, OR DIVORCED
 HUSBAND OR WIFE OF Michael O'Hara

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 12 - 1855

7. AGE YEARS 83 MONTHS 10 DAYS 18 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. housewife
 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) Victoria (STATE OR COUNTRY) Mo.

FATHER 13. NAME Basil Hiney

14. BIRTHPLACE (CITY OR TOWN) Baden (STATE OR COUNTRY) Germany

MOTHER 15. MAIDEN NAME Ellen Beal

16. BIRTHPLACE (CITY OR TOWN) England (STATE OR COUNTRY) _____

17. INFORMANT Elizabeth Baker (ADDRESS) 613 S. Fourth. Desoto - Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary - Desoto DATE Sept 2 1939

19. FUNERAL DIRECTOR Mothershead (ADDRESS) Desoto - Mo.

20. FILED 9-9 1939 Jeneva Donnell Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 30 1939

22. I HEREBY CERTIFY, That I attended deceased from 12-2 1935, to Aug 30 1939

I last saw him alive on 8-29 1939. Death is said to have occurred on the date stated above, at 11:25 a.m.

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

Diarrrhea & Enteritis Date of onset 8/25/39
1206

Other contributory causes of importance: General Infirmities of age

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? No

If so, specify _____ (Signed) Chas. E. Zallat, M. D.

Dr. Jot. M. (Address) _____

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.

1953
P. Selman 1953
Preserved at The University

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.

hereby certify that the body recorded on the reverse side of this certificate was embalmed by

..... L. E.

No. or by, Registered Apprentice No.

working under my personal supervision.

Signed

Licensed Embalmer No.

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.)