

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

PLACE OF DEATH
County Jackson
Township _____
or
Village _____
or
City Kansas City (NO. 2930 Mercier St.; _____ Ward)

Registration District No. 399 File No. 17959
Primary Registration District No. 1002 Registered No. 1868

[If death occurred in a hospital or institution, give its NAME instead of street and number]

FULL NAME William Smith O'Brien

PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR OR RACE White SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) Single

DATE OF BIRTH March 14, 1960
(Month) (Day) (Year)

AGE 51 yrs. 2 mos. 12 ds. If LESS than 1 day, ___ hrs. or ___ min.?

OCCUPATION (a) Trade, profession, or particular kind of work Police Sergeant
(b) General nature of industry, business, or establishment in which employed (or employer) _____

BIRTHPLACE (City or town, State or foreign country) New York

NAME OF FATHER Thomas O'Brien

BIRTHPLACE OF FATHER (City or town, State or foreign country) Ireland

MAIDEN NAME OF MOTHER Santoro

BIRTHPLACE OF MOTHER (City or town, State or foreign country) Ireland

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) William O'Brien

(ADDRESS) 2930 Mercier

Filed MAY 27 1911 W. S. Wheeler REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 5 26, 1911
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from 11 8, 1910, to 26 5, 1911, that I last saw him alive on 24 5, 1911, and that death occurred, on the date stated above, at 7:45 am. The CAUSE OF DEATH* was as follows:

Chronic Myocarditis
Myocardial insufficiency
(Duration) _____ yrs. _____ mos. _____ ds.

Contributory (SECONDARY) _____ (Duration) _____ yrs. _____ mos. _____ ds.

(Signed) W. Bunker M. D.
27 5, 1911 St. Mary's Hospital

*State the Disease Causing Death, or, in deaths from violence, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.

Where was disease contracted if not at place of death? _____
Former or usual residence _____

PLACE OF BURIAL OR REMOVAL St. Mary's Cemetery DATE OF BURIAL May 28, 1911

UNDERTAKER Rich's Comfort ADDRESS R C K

517 Minnesota Kansas City Kansas