

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.

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

Do not use this space.

17967

**1. PLACE OF DEATH**

County Osage Registration District No. 639  
 Township Richland Primary Registration District No. 5848  
 City..... (No.....) St. .... Ward)

File No.....  
 Registered No. 17

**2. FULL NAME** Katherin Farrell

(a) Residence. No. .... St. .... Ward. ....  
 (Usual place of abode) (If nonresident give city or town and State)  
 Length of residence in city or town where death occurred 68 yrs. mos. 24 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

**3. SEX** Female  
**4. COLOR OR RACE** White  
**5. SINGLE, MARRIED, WIDOWED OR DIVORCED** (write the word) Single  
**5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF**  
**6. DATE OF BIRTH** (MONTH, DAY AND YEAR) ### 4-6-1860  
**7. AGE** YEARS MONTHS DAYS 68 0 25           
 If LESS than 1 day, .... hrs. or .... min.  
**8. OCCUPATION OF DECEASED**  
 (a) Trade, profession, or particular kind of work Housework  
 (b) General nature of industry, business, or establishment in which employed (or employer).....  
 (c) Name of employer.....

**9. BIRTHPLACE** (CITY OR TOWN) Osage, Co. Mo.  
 (STATE OR COUNTRY)

**10. NAME OF FATHER** Patrick Farrell  
**11. BIRTHPLACE OF FATHER** (CITY OR TOWN) (STATE OR COUNTRY) Ireland  
**12. MAIDEN NAME OF MOTHER** Mary Cushion  
**13. BIRTHPLACE OF MOTHER** (CITY OR TOWN) (STATE OR COUNTRY) Ireland

**14. INFORMANT** James Farrell  
 (Address) Sum Mo

**15. FILED** 5/2, 1928 Off Kasper  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH** (MONTH, DAY AND YEAR) 5/1 1928  
**17.** I HEREBY CERTIFY, That I attended deceased from 4/24, 1928, to 5-1, 1928 that I last saw her alive on 5-1, 1928, and that death occurred, on the date stated above, at.....

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Acute Nephritis

**CONTRIBUTORY** (SECONDARY).....  
 (duration) yrs. mos. ds.

**18. WHERE WAS DISEASE CONTRACTED**  
 IF NOT AT PLACE OF DEATH.....

**DID AN OPERATION PRECEDE DEATH?** no DATE OF.....

**WAS THERE AN AUTOPSY?** no

**WHAT TEST CONFIRMED DIAGNOSIS?**  
 (Signed) Howard H. Sherman, M. D.  
 , 19 (Address) Pershing Mo.

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

**19. PLACE OF BURIAL, CREMATION, OR REMOVAL** Baileys Creek Catholic Cem. DATE OF BURIAL 5-3-1928

**20. UNDERTAKER** Pope & Engelage ADDRESS Morrison, Mo.

T RECORDING

PHYSICIAN'S INSTRUCTIONS  
SUBJECT: [illegible]

[illegible]

INSTRUCTIONS

be carefully applied  
that it may be properly

[illegible]

W-2

USE OF [illegible]  
A- [illegible]

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

ALL INFORMATION CALLED  
FOR MUST BE WRITTEN ON  
THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County Osage Registration District No. 639 File No. ....  
 Township Benton Primary Registration District No. 5848 Registered No. ....  
 City (No. ....) St. .... Ward)

**2. FULL NAME**

Katherine Farrell  
 (a) Residence No. .... 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 S  
(write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 4-6-1860

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>68</u>	<u>0</u>	<u>25</u>	<u>-</u>

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Aswk.  
 (b) General nature of industry, business, or establishment in which employed (or employer) .....  
 (c) Name of employer .....

9. BIRTHPLACE (CITY OR TOWN) .....  
 (STATE OR COUNTRY) .....

10. NAME OF FATHER .....

11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....  
 (STATE OR COUNTRY) .....

12. MAIDEN NAME OF MOTHER .....

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....  
 (STATE OR COUNTRY) .....

14. INFORMANT .....  
 (Address) .....

15. FILED ..... 19 1928 REGISTRAR [Signature]

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 5-1-1928

17. I HEREBY CERTIFY That I attended deceased from ..... 19....., 19.....  
 that I last saw h..... alive on ..... 19....., and that death occurred, on the date stated above, at..... m.

**THE CAUSE OF DEATH WAS AS FOLLOWS:**

acute hepatitis  
cause not known  
 (duration) yrs. mos. ds. 128  
 CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED .....  
 IF NOT AT PLACE OF DEATH: .....

DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed)....., M. D.  
 , 19 (Address)

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

20. UNDERTAKER ADDRESS

INK---THIS IS A PERMANENT

state important.

BY LAW

GATES UNTIL THEY ARE COMPLETE AS

any item of information should DEATH in plain terms, so th

REGISTRARS SHALL NOT RECEIVE A FEE

N. P. CAT

**SUPPLEMENTARY**

S-17967