27 1929

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

Do not use this space.

15986

1. PLACE OF DEATH

County: Jasper — Registration District No.: 411 — File No.:

Township: Galena — Primary Registration District No.: 7002 — Registered No.: 181

City: Joplin, (No. ..... St. ..... Ward)

2. FULL NAME Virginia May Farrell

(a) Residence. No. 819 Jackson St., ... Ward. (If nonresident give city or town and State)
(Usual place of abode)

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*): Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Mar 3 1914

7. AGE: Years 15 — Months 1 — Days 15 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Student
(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): Joplin

PARENTS

10. NAME OF FATHER: Jas J Farrell
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Union Ohio
12. MAIDEN NAME OF MOTHER: Florence Ada Rich
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Springfield Ill

14. INFORMANT (Address): J. J. Farrell Joplin

15. FILED 4-19, 1929 Dr A B Clark REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): April 18 1929

17. I HEREBY CERTIFY, That I attended deceased from April 19, 1929, to April 18, 1929, that I last saw her alive on April 18, 1929, and that death occurred, on the date stated above, at 9:20 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Valvular Heart Insufficiency
92 B
95 B
(duration) 2 yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY): Dilation of Heart
(duration) 11 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) S. K. Miller, M. D
, 19 (Address) Joplin

*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: Forest Park Inc — DATE OF BURIAL: 4/22 1929

20. UNDERTAKER: Anderson Undrs — ADDRESS: Joplin