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

Do not use this space.

29869

1. PLACE OF DEATH
County Jackson Registration District No. 399 File No.
Township Kansas Primary Registration District No. 0 1 6 0 2 Registered No. 3074
City K.C. (No.) 4428 Meet Creek Pkwy (St.) (Ward)

2. FULL NAME Edward J Farrell
(a) Residence. No. 4428 Meet Creek St. Pkwy 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
male	white	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 28-1905

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
25	7	9	

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

9. BIRTHPLACE (CITY OR TOWN) K. C.
(STATE OR COUNTRY) Mo

PARENTS
10. NAME OF FATHER Joseph P. Farrell
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Ireland
12. MAIDEN NAME OF MOTHER Marie Donovan
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Kansas
(STATE OR COUNTRY) Kansas

14. INFORMANT Mrs Mary Farrell
(Address) 4428 Meet Creek Pkwy

15. FILED 9/7, 1930 M. M. Conroy
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept. 6 1930

17. I HEREBY CERTIFY, That I attended deceased from Sept 2 1930 to Sept 6, 1930 that I last saw him alive on Sept 5 1930 and that death occurred, on the date stated above, at 12:40 AM

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral Embolus
(duration) yrs. mos. 15 min
CONTRIBUTORY (SECONDARY) Ch. Endocarditis
(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? Clinical finding
(Signed) Jos L Shuler M. D.
1/7, 1930 (Address) 915 Cryle Bldg

*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 Mt St Mary Cem — DATE OF BURIAL 9/8/1930
20. UNDERTAKER H C Dorne & Co — ADDRESS 3256 Broadway

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.

1930