

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

Do not use this space.

39666

**1. PLACE OF DEATH**

County Jackson  
Township Law  
City Keosauqua

Registration District No. \_\_\_\_\_  
Primary Registration District No. \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 5270  
St. \_\_\_\_\_ Ward) \_\_\_\_\_

**2. FULL NAME**

John C. Friel  
(a) Residence No. 1232 W. 61st St., 15 Ward.

(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 <u>Male</u>	4. COLOR OR RACE <u>Wh</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs J. C. Friel

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 19 1879

7. AGE YEARS <u>57</u>	MONTHS <u>2</u>	DAYS <u>10</u>	If LESS than 1 day, _____ hrs. or _____ min.
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8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work Whitaker Battery  
(b) General nature of industry, business, or establishment in which employed (or employer) Supply Co  
(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) St Louis Mo  
(STATE OR COUNTRY)

PARENTS	10. NAME OF FATHER <u>Daniel Friel</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Not known</u>
	12. MAIDEN NAME OF MOTHER <u>Elizabeth Jarro</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Not known</u>

14. INFORMANT Mrs J. C. Friel  
(Address) 1232 W. 61st St

15. FILED 12/30/30 M. W. Crowe  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 29 1930

17. I HEREBY CERTIFY, That I attended deceased from Dec 5 1930 to Dec 29 1930 that I last saw him alive on Dec 29 1930 and that death occurred, on the date stated above, at 7-30 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Lobar Pneumonia  
108

(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
CONTRIBUTORY (SECONDARY) W. W. W.  
(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 Chest X-ray  
(Signed) A. Welch, M. D.  
11/30 1930 (Address) 235 Rialto

\*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 Cemetery DATE OF BURIAL 12 1930

20. UNDERTAKER John W. Wagner ADDRESS Keosauqua Mo

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.

