

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

Do not use this space.

17827

1. PLACE OF DEATH
 County Hawell Registration District No. 1110
 Township Silome Primary Registration District No. 3341
 City Pomona (No. _____) St. _____ Ward _____

2. FULL NAME John Joseph Fennell
 (a) Residence No. _____ St. _____ Ward _____
 (Usual place of abode) 20 years (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>white</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mary Fennell</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>1879</u>		
7. AGE YEARS <u>57</u>	MONTHS <u>7</u>	DAYS IF LESS than 1 day, _____ hrs. or _____ min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Farmers 1</u> (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) <u>Iowa</u>		
PARENTS	10. NAME OF FATHER <u>Edward Fennell</u>	
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland</u>	
	12. MAIDEN NAME OF MOTHER <u>Schmadschy</u>	
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland</u>	
14. INFORMANT <u>Mrs Mary Fennell</u> (Address) <u>Pomona Mo.</u>		
15. FILED <u>May 31 8 AM</u> <u>Coarley</u> REGISTRAR		

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 23 1931

17. I HEREBY CERTIFY, That I attended deceased from Oct 1930 to April 3 1931, and that I last saw him alive on March 8 1931, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Parasitosis of Stomach & Intestines
46B
46B (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 46B (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) F.H. Saville M. D.
 , 19 (Address) Pomona 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 <u>White Church</u>	DATE OF BURIAL <u>May 25 1931</u>
20. UNDERTAKER <u>J R Burns Willow Spgs Mo</u>	ADDRESS

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.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

APR 26 1931

