

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

Do not use this space.

36326

File No. _____
Registered No. **10860**
St. _____ Ward _____

1. PLACE OF DEATH

County _____ Registration District No. **791**
Township _____ Primary Registration District No. **1082**
City **St. Louis** (No. **5578 Clemens &**)

2. FULL NAME

(a) Residence, No. _____ St. **5** Ward _____
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>Female</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Single</i>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Jan 7 1877</i>				
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<i>54</i>	<i>9</i>	<i>19</i>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>School Teacher</i>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.			
	10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Iowa</i>				
FATHER	13. NAME <i>Michael J Farrell</i>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Ireland</i>			
	15. MAIDEN NAME <i>Mary A Kelly</i>			
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Ireland</i>			
	17. INFORMANT <i>Elyzabeth Farrell</i> (ADDRESS) <i>5578 Clemens</i>			
18. BURIAL, CREMATION, OR REMOVAL				
PLACE	<i>Calvary</i>		DATE	<i>10 29 31</i>
19. UNDERTAKER <i>Arthur J. Donnelly and Co</i> (ADDRESS) <i>2039 Wash St</i>				
20. FILED <i>101 27 1931</i> 19 <i>Maylo Starckoff</i> Registrar				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *10-26 1931*

22. I HEREBY CERTIFY, That I attended deceased from *Oct 24 1931*, to *Oct 26 1931*
I last saw *her* alive on *Oct 26 1931*. Death is said to have occurred on the date stated above, at *10:15 p.m.*
The principal cause of death and related causes of importance were as follows:
Myocarditis Chronic

Date of onset _____

Other contributory causes of importance: *930 950*

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation or *passed* _____
If so, specify _____
(Signed) *Clarence J. Russell, M.D.*
(Address) *1927 S. Shaw*

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

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.

Dr. A. D. ...

1927 271 ...

272: 5685

10-11 A. M.