

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

Do not use this space.

17423

**1. PLACE OF DEATH**

County Marion Registration District No. 547  
 Townshp Mason Primary Registration District No. 3019  
 City Hannibal (No. 608, Mound) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. 147  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Alfred Eugene Farrell

(a) Residence, No. 608 Mound St. \_\_\_\_\_ 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Minnie Farrell  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 31, 1860  
 7. AGE YEARS 73 MONTHS 9 DAYS 17 if LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired  
 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) Hatch (STATE OR COUNTRY) Rolls Co. Missouri

13. NAME Daniel Farrell

14. BIRTHPLACE (CITY OR TOWN) No data (STATE OR COUNTRY) Kentucky

15. MAIDEN NAME Poliza Alexander

16. BIRTHPLACE (CITY OR TOWN) No data (STATE OR COUNTRY) Missouri

17. INFORMANT Mrs. Hugo Koch (Daughter) (ADDRESS) 608 Mound St. Hannibal, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Olivet DATE May 20, 1934

19. UNDERTAKER Wm. M. Smith (ADDRESS) 902 Broadway Hannibal, Mo

20. FILED May 24, 1934 R. H. Webster Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 18, 1934

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 1931 to May 18, 1934

I last saw h. \_\_\_\_\_ alive on May 17, 1934 Death is said to have occurred on the date stated above, at 11:45 p.m.

The principal cause of death and related causes of importance were as follows:

Apoplexy (cerebral) Date of onset 1933  
arteriosclerosis  
 Other contributory causes of importance: \_\_\_\_\_

Name of operation no 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 of deceased? no  
 If so, specify \_\_\_\_\_

(Signed) J. H. Webster M. D.  
 (Address) Hannibal 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.

JUN 23 1934

Hatch Ky

