

SEP 20 1934

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Jackson
 Township Waver
 City K. C. MO

Registration District No. 392Primary Registration District No. 2002File No. B14

29304

Registered No. 57121St. 0721 Ward

2. FULL NAME

(a) Residence, No. 520 Howard 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

Fe

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OFEd Farrell

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

Dec-28-1869

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, hrs.
or min.64712

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Housework

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)

Mo

FATHER

13. NAME Columbus Patrick

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Mo

MOTHER

15. MAIDEN NAME Malicia Right

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Mo

17. INFORMANT (ADDRESS)

Son - J. C. Orath
520 Howard Court

18. BURIAL, CREMATION, OR REMOVAL

PLACE Maple Hill DATE Aug 13-34

19. UNDERTAKER (ADDRESS)

Mrs. E. L. Foster
918 Brooklight Ave

20. FILED

8-10-1934 M. M. Crowe
Asst. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug-10-34

22. I HEREBY CERTIFY that I attended deceased from

I last saw him alive on 19..... Death is said

to have occurred on the date stated above, at 4:25 AM

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

Decomposition of the Artery Date of onset

Other contributory causes of importance:

Name of operation Culper Date of operation Aug 10-34
What test confirmed diagnosis? Autopsy 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?

If so, specify

(Signed)

(Address)

M. D.

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.

