

APR 11 1936

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

Do not use this space.

791

13137

1. PLACE OF DEATH

County.....
Township.....
City.....

Registration District No. 1003
Primary Registration District No. 1003

File No. 3211
Registered No. 3211
St. Ward)

2. FULL NAME

(a) Residence, No. 901 Keweenaw Dr. St. 8 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 *Female*
4. COLOR OR RACE *White*
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Widowed*
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *April 22 - 1899*
7. AGE YEARS *36* MONTHS *11* DAYS *11*
If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *At home*
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) *Canada*

13. NAME *Patrick Farrell*

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

15. MAIDEN NAME *Mary Montgomery*

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

17. INFORMANT (ADDRESS) *George Geary 901 Keweenaw Drive*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Cabany* DATE *3/26/36*

19. UNDERTAKER (ADDRESS) *Frank Segrale 4600 North Broadway*

20. FILE NO. *MAR 24 1936* Registrar. *J. Bredeck*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *3/23 1936*

22. I HEREBY CERTIFY, That I attended deceased from *March 28, 1936, to March 28, 1936*

I last saw him alive on *March 21, 1936* Death is said to have occurred on the date stated above, at *12:45* m.

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

Cancer of throat Neck Primary seat in Cheek

Other contributory causes of importance: *none*

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? *no* 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) *R. G. Hines* M. D.
(Address) *2838 S Grand Blvd*

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.

