

MAY 7 1936

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

Do not use this space.

791

17103

1. PLACE OF DEATH

County.....

Registration District No.

1003

File No.

Township.....

Primary Registration District No.

Registered No.

2858

City *St. Louis, Mo.*(No. *5800*)*Arsenal St. City, Ind.*

Ward)

2. FULL NAME

(a) Residence, No. *5806 Arsenal*St. *13*

Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred *50* yrs.

mos.

ds.

How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>F</i>	4. COLOR OR RACE <i>W</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Widowed</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Lornis x Mrs. Farn</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Feb 10, 1864</i>		
7. AGE YEARS <i>72</i>	MONTHS <i>7</i>	DAYS <i>28</i>
IF LESS than 1 day, hrs. or min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.....	<i>Housework at home</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)
*Alton Ill*13. NAME
*James Galvey*14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
*Ireland*15. MAIDEN NAME
*Elizabeth Meek*16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
*W. Va.*17. INFORMANT (ADDRESS)
*J. J. Sullivan 5800 Arsenal St.*18. BURIAL, CREMATION, OR REMOVAL PLACE
Alton Ill DATE
*April 11th 1936*19. UNDERTAKER (ADDRESS)
*Albert H. H. E. Inc. 427 North 5th St. St. Louis, Mo.*20. FILED
APR 8 1936 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *April 7, 1936*22. I HEREBY CERTIFY, that I attended deceased from *July 11, 1935*, to *April 7, 1936*I last saw *her* alive on *April 17, 1936*. Death is said to have occurred on the date stated above, at *7:45 P.M.*The principal cause of death and related causes of importance were as follows:
Chronic myocarditis

Date of onset

Other contributory causes of importance:
Generalized arteriosclerosis

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 of deceased?.....

If so, specify.....

(Signed) *C. E. Smith*, M. D.(Address) *5800 Arsenal St. St. Louis, 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.

