

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.

AUG 18 1936

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

Do not use this space.
28518

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City. **St. Louis.** (No. **3619, Page Blvd.**)

File No.....
Registered No. **7283**
St. Ward)

2. FULL NAME

Frank V. Farley. :

(a) Residence, No. **3619 Page Ave., Street, //** Ward.

(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 (write the word) **Married**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Anna Farley.**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **April 30, 1864**

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	72	2	13	

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **Night Watchman.**
10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) **Missouri.** (STATE OR COUNTRY)

MOTHER FATHER 13. NAME **John Farley**

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

15. MAIDEN NAME **Mary Garry.**

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

17. INFORMANT **Anna Farley** (ADDRESS) **3222 Mullamphy St**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Calvary** DATE **July 16, 1936**

19. UNDERTAKER **Arthur Wagoner** (ADDRESS) **3840 Olive St**

20. FILED **JUL 15 1936** **J. P. Bredeck** Registrar.

MEDICAL CERTIFICATE OF DEATH
No Physician in Attendance.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **July 13 1936**

22. I HEREBY CERTIFY, That I attended deceased from 19..... to..... 19.....

I last saw h..... alive on..... 19..... Death is said to have occurred on the date stated above, at **5:15 P.M.**

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

Excessive Heat.

Date of onset

Other contributory causes of importance:

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? **No**

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) **Frank P. Farley**, M.D.

(Address) **.....**

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