

LEAD APR 13 1939

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

11812
Do not use this space.

1. PLACE OF DEATH

(a) County Jennison Registration District No. 653
(b) Township Argon Primary Registration District No. 5866
(c) City _____ (d) Street No. _____ Registered No. 220
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
(If death occurred in Hospital or Institution, write its name instead of street and number)

2. PRINT FULL NAME

164 Omary Lucille Farrell
(a) Residence, No. 14 Bend, no. Hayti no. 89 St. (if nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Infant

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Stillbirth infant

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. ✓
9. Industry or business in which work was done, as 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) 14 Bend, no. 89 Hayti no. 89

FATHER 13. NAME Orin Wilson Farrell

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 14 Bend, no. 89 Hayti no. 89

MOTHER 15. MAIDEN NAME Lucille Marie Bennett

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Madrid no.

17. INFORMANT (ADDRESS) Father Orin Farrell

18. BURIAL, CREMATION, OR REMOVAL PLACE 14 Bend DATE 2-19-1939

19. FUNERAL DIRECTOR (ADDRESS) Friends & neighbors 14 Bend, no.

20. FILED 2-19-1939 J. Rhodes Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-18-1939

22. I HEREBY CERTIFY, That I attended deceased from attending physician, 1939, to 2-18-1939, 1939.

I last saw h. alive on _____, 1939. Death is said to have occurred on the date stated above, at _____ m.

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

Stillbirth cause of Sanguis Toxicus Pt. 9 mother fresh presentation and not R. present at birth.

Date of onset

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? 298 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 _____, 1939.

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) ap. Shively, M. D.

(Address) Hayti, no. 1

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.

RECEIVED

District Health Officer No.

District File Number 39-21

Date Filed 4-11-39

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

.....L. E.

No. or by, Registered Apprentice No.

working under my personal supervision.

Signed.....

Licensed Embalmer No.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)