

FILED MAY 21 1942

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

Do not use this space.

13312

## 1. PLACE OF DEATH

County Jacobs Registration District No. 399 File No. \_\_\_\_\_  
Township Kaw Primary Registration District No. 1909 Registered No. 1890  
City Kansas City (No. North East Hospital) St. \_\_\_\_\_ Ward)

## 2. FULL NAME

(a) Residence, No. North East Hospital Ward. Smithville, Mo. R.F.D.  
(Usual place of abode) (If nonresident, give city or town and State)Length of residence in city or town where death occurred yrs. mos. 21 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Jessie Lewis Farrell</u>		5-14-42		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 17 1889</u>				
7. AGE	YEARS <u>52.53</u>	MONTHS <u>10</u>	DAYS <u>27</u>	If LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Greenup</u>			
	10. Date deceased last worked at this occupation (month and year) <u>March 1942</u>		11. Total time (years) spent in this occupation	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Rolltown, Mo.</u>				
FATHER	13. NAME <u>Wm D. Farrell</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unk.</u>			
	15. MAIDEN NAME <u>Mattie Ark</u>			
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unk.</u>			
	17. INFORMANT (ADDRESS) <u>Mrs. J. L. Farrell</u>			
	18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Smithville, Mo.</u> DATE <u>5-16 1942</u>			
19. UNDERTAKER (ADDRESS) <u>W. H. Brown</u>				
20. FILED <u>5-14</u> 19 <u>42</u> <u>M. M. Crowe</u> Registrar.				

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-14, 1942I HEREBY CERTIFY, That I attended deceased from 4-23, 1942, to 5-14, 1942I last saw him alive on 5-13, 1942 Death is saidto have occurred on the date stated above, at 8:15 a.m.

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

Lobar pneumonia Date of onsetwith emphysema108

Other contributory causes of importance:

Myocardial infarctName of operation Rib resection Date of 4/25/42What test confirmed diagnosis? ..... Was there an autopsy? 23

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) Dr. R. E. Scott(Address) Smithville, Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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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.

JUN 29 1922

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S. A. McComas

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Smithville, Mo.