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

Do not use this space.

File No. 26599
Registered No. 3196

1. PLACE OF DEATH
County: Jackson
Township: Kaw
City: K. C. Mo. (No. Research Hospital St. Ward)
Registration District No. 399
Primary Registration District No. 1002

2. FULL NAME: Alice Farley
(a) Residence. No. 3502 Penn Ave. St., 5 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: Fe
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widow

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: John P. Farley

6. DATE OF BIRTH (MONTH, DAY AND YEAR): July 18 - 1852

7. AGE: Years 78 Months 0 Days 14 If LESS than 1 day, ...hrs. or ....min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): England

PARENTS
10. NAME OF FATHER: Erwin Hibbard
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): England
12. MAIDEN NAME OF MOTHER: Mary ?
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): England

14. INFORMANT: Mrs. Hazel Albrecht
(Address) 3502 Penn Ave. K. C. Mo

15. FILED 8/3, 1930 M. M. Crowe asst. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): August 2 1930

17. I HEREBY CERTIFY, That I attended deceased from Aug. 1, 1930, to Aug. 2, 1930, that I last saw her alive on Aug. 2, 1930, and that death occurred, on the date stated above, at 9:25 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Suppuration pericardium
126
96
12 (duration) yrs. mos. 10 ds.

CONTRIBUTORY (SECONDARY) Cholecystitis cholangitis
Gallstones Post auricular mastoiditis
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? Yes
WHAT TEST CONFIRMED DIAGNOSIS? Autopsy findings
(Signed) H. Merriadal M. D.
8-2, 1930 (Address) Mod Kans City

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Mt. Washington
DATE OF BURIAL: Aug. 4 1930

20. UNDERTAKER: Mrs. C. L. Forster
ADDRESS: K. C. Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.