JAN 13 1936

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

Do not use this space.

791

41660

1003

File No. 10904

Registered No.

**1. PLACE OF DEATH**

County ..... Registration District No. .....

Township ..... Primary Registration District No. .....

City St Louis (No. St Anthony's Hospital St. ..... Ward)

**2. FULL NAME** Julia E. Farrell

(a) Residence, No. 4001 Washington St., 19 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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Simon P Farrell

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan 3rd 1861

7. AGE: YEARS 74 MONTHS 11 DAYS 20 If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Notary Public

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): Ireland

FATHER

13. NAME: Patrick Conlon

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

MOTHER

15. MAIDEN NAME: Mary Conlon (nee)

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

17. INFORMANT (ADDRESS): Thomas Conlon 4001 Washington St.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Calvary DATE 12-26 1935

19. UNDERTAKER (ADDRESS): Arthur J Donnelly & Co 3640 Lindell Av.

20. FILED DEC 24 1935, 19 J F Bredeck Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec. 23 1935

22. I HEREBY CERTIFY, That I attended deceased from December 7th, 1935, to Dec 23rd, 1935

I last saw her alive on Dec 23rd, 1935. Death is said to have occurred on the date stated above, at 8:45 a.m.

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

| | Date of onset |
|---|---|
| Broncho-Pneumonia | 12-21-35 |
| 93C | |
| Other contributory causes of importance: Chronic Myocarditis | ? |

Name of operation ..... Date of .....

What test confirmed diagnosis? X Ray & physical as 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) [signature] M. D.

(Address) 7 U 3511 Ancas Ave St Louis Mo.

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.

Dr Powell
3500 Washington
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