

PLACE OF DEATH

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

County Jackson
Township _____
or
Village Linn
or
City Linn City (NO. St. Mary Hospital Ward)

Registration District No. 399 File No. 30670
Primary Registration District No. 1002 Registered No. 3245

[If death occurred in a hospital or institution, give its NAME instead of street and number]

FULL NAME Laurence Farley

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX Male COLOR OR RACE W.C. SINGLE Married
MARRIED
WIDOWED
OR DIVORCED
(Write the word)

DATE OF DEATH 10 6, 1910
(Month) (Day) (Year)

DATE OF BIRTH UNKNOWN — 1858
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Oct 2, 1910, to Oct 6, 1910, that I last saw him alive on Oct 6, 1910, and that death occurred, on the date stated above, at 4 P. m.

AGE 52 yrs. — mos. — ds. If LESS than 1 day, — hrs. or — min.?

The CAUSE OF DEATH* was as follows:

OCCUPATION (a) Trade, profession, or particular kind of work Glass Blower
(b) General nature of industry, business, or establishment in which employed (or employer) _____

Meningitis
Pneumococcus
(Duration) _____ yrs. _____ mos. 1/2 ds.

BIRTHPLACE (City or town, State or foreign country) N. Y.

NAME OF FATHER Unknown

Contributory (SECONDARY) _____ (Duration) _____ yrs. _____ mos. _____ ds.

BIRTHPLACE OF FATHER (City or town, State or foreign country) Unknown

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (City or town, State or foreign country) Unknown

(Signed) G. Sheldon M. D. Oct 9, 1910 (Address) St. Mary Hosp.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.

(Informant) Mamie Farley

Where was disease contracted If not at place of death? _____

(ADDRESS) 441 N. Mt. St.

Former or usual residence _____

Filed OCT 8 1910 Bees Oaves REGISTRAR

PLACE OF BURIAL OR REMOVAL Mt. St. Marys DATE OF BURIAL Oct 9, 1910

UNDERTAKER Mason and Miner ADDRESS 1804 E 15