

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

12187

1720

1. PLACE OF DEATH
 County Jackson Registration District No. 399 File No. 1002
 Township St. Joseph Primary Registration District No. 1002 Registered No. 1002
 City St. Joseph St. St. Joseph Hospital Ward

2. FULL NAME John S. Farrell
 (a) Residence No. 1617 Benton St. 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) December 4th 1876
 7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
44 5 9

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

9. BIRTHPLACE (CITY OR TOWN) Covington
 (STATE OR COUNTRY) Kentucky

10. NAME OF FATHER Patrick Farrell

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ireland
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Ann Clancy

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ireland
 (STATE OR COUNTRY)

14. INFORMANT Mrs. J. S. Farrell
 (Address) 1617 Benton Blvd

15. FILED 7-15-21 M. M. Crowe REGISTRAR
Dej

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 14 1921
 17. I HEREBY CERTIFY, That I attended deceased from 5:30 to 5:13, 1921, (that I last saw him alive on 5-13-21, 1921, and that death occurred, on the date stated above, at 7:30 a.m.)

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Gang Appendix
121A

CONTRIBUTORY (SECONDARY) Operation
 (duration) yrs. mos. ds. 6
 (duration) yrs. mos. ds. 5

18. WHERE WAS DISEASE CONTRACTED His home
 IF NOT AT PLACE OF DEATH:

DID AN OPERATION PRECEDE DEATH? Yes DATE OF 5-9-21
 WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Operation
 (Signed) Jas. P. Hoall, M. D.
7-15-21 (Address) 527 Atkinson

*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. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Forest Hill DATE OF BURIAL 5/16/21

20. UNDERTAKER J. F. O'Donnell Co ADDRESS 1109 Belmont