

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

Do not use this space.

13675

1. PLACE OF DEATH

County St. Louis Registration District No. 4161
 Township _____ Primary Registration District No. 262
 City Union Star (No. _____) St. _____ Ward _____

File No. _____

Registered No. _____

2. FULL NAME Myron Francis Farmer

(a) Residence No. _____ St. _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr 15 1931

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ellen Farmer

17. I HEREBY CERTIFY, That I attended deceased from Apr 1 1931 to Apr 15 1931 that I last saw him alive on Apr 14 1931, and that death occurred, on the date stated above, at 5:30 A.M.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar. 6, 1855

THE CAUSE OF DEATH* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
76 1 9

Gangrene Leg -

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

(duration) _____ yrs. _____ mos. _____ ds.
Arterio Sclerosis

CONTRIBUTORY (SECONDARY) (duration) 5 yrs. _____ mos. _____ ds.

9. BIRTHPLACE (CITY OR TOWN) Waltham, Pa.
 (STATE OR COUNTRY) Pa.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH _____

10. NAME OF FATHER James Farmer

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

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

19. WAS THERE AN AUTOPSY? no

12. MAIDEN NAME OF MOTHER Martha Bradley

WHAT TEST CONFIRMED DIAGNOSIS? Clinical
 (Signed) E. M. Reynolds M. D.

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

415, 1931 (Address) Union Star Mo

14. INFORMANT Ellen Farmer
 (Address) Union Star, Mo

*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.

15. FILED 4/15 1931 E. M. Reynolds REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

Union Star, Mo April 17 1931

20. UNDERTAKER W. M. Stanton ADDRESS Union Star, Mo

MAY 29 1931

Every item of information should be carefully supplied. AGE should be stated EARLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

