

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

Do not use this space.

18979

1. PLACE OF DEATH
 County Ralls Registration District No. 725
 Township Jasper Primary Registration District No. 5900.C
 City _____ (No. _____) St. _____ Ward _____

2. FULL NAME John Wesley Farnsworth
 (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 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 (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Suda Farnsworth

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 30 - 1868

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
	<u>63</u>	<u>3</u>	<u>9</u>	

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

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) Pike County

MOTHER / FATHER

13. NAME Granville Farnsworth

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pike

15. MAIDEN NAME May Brice

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ralls

17. INFORMANT B. F. Palmer
(ADDRESS) Center, Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Vandalia DATE May 10 1931

19. UNDERTAKER W. A. Couch
(ADDRESS) Center, Mo.

20. FILED May 19th 1931 J. J. Howard
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 9 1931

22. I HEREBY CERTIFY, That I attended deceased from March 31 1931, to April 9 1931
 I last saw him alive on April 9 1931 Death is said to have occurred on the date stated above, at 10:20 A.M.
 The principal cause of death and related causes of importance were as follows:
Abscess of r. lung Date of onset Apr. 19
1071
1071
 Other contributory causes of importance:
Broncho-Pneumonia Mar. 31

Name of operation None Date of _____
 What test confirmed diagnosis? None Was 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? No
 If so, specify _____
 (Signed) W. F. Roth, M. D.
 (Address) Center, 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.

JUN 20 1931

