

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

Do not use this space.

**PLACE OF DEATH**

County Macou Registration District No. 526 File No. 41501  
 Township Lyda Primary Registration District No. 5700 Registered No. \_\_\_\_\_  
 City Atlanta Mo (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Chas Samuel Farr  
 (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 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR WIFE <u>WIFE</u> <u>Elpha Farr</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 1-1887</u>		
7. AGE	YEARS <u>44</u>	MONTHS <u>3</u>
	DAYS <u>12</u>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Laborer on Section</u>	11. Total time (years) spent in this occupation <u>10 7/8</u>
	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) <u>Dec 12 1931</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Sullivan Co Mo</u>		
FATHER	13. NAME <u>John Farr</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>	
MOTHER	15. MAIDEN NAME <u>Priscilla Landus</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ill.</u>	
17. INFORMANT <u>Edith Nelson</u> (ADDRESS) <u>Atlanta Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Wm Tabor</u> DATE <u>12-14-31</u>		
19. UNDERTAKER <u>H. M. Wedding</u> (ADDRESS) <u>Atlanta Mo</u>		
20. FILED <u>Jan 4 1932</u> <u>A. P. Combs</u> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) DEC 12 1931  
 22. I HEREBY CERTIFY, That I attended deceased from DEC 12 1931 to DEC 12 1931  
 I last saw him alive on Nov 19 1931 Death is said to have occurred on the date stated above, at 5:00 p.m.  
 The principal cause of death and related causes of importance were as follows:

Acute Indigestion  
 1180 (Gastritis)  
 Date of onset \_\_\_\_\_  
 Other contributory causes of importance:  
1180

Name of operation no Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_  
 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. Welch M. D. Coroner  
 (Address) Willas Mo.

