

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

Do not use this space.

32927

**1. PLACE OF DEATH**

66 County Miller Registration District No. 561  
Township Saline Primary Registration District No. 3755  
City (No. St. Ward)

**2. FULL NAME**

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

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>At Home</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 30 - 1932</u>		
7. AGE YEARS <u>0</u>	MONTHS <u>0</u>	DAYS <u>29</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>At Home</u>		11. Total time (years) spent in this occupation <u>no</u>
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>At Home</u>		
10. Date deceased last worked at this occupation (month and year) <u>no</u>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Miller Co Mo!</u>		
13. NAME <u>Lawrence Edward Farris</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Moniteau Co. Mo</u>		
15. MAIDEN NAME <u>Deliza Jane Winters</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Miller Co Mo.</u>		
17. INFORMANT (ADDRESS) <u>L. E. Farris Eugene Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Spring Garden</u> DATE <u>Oct 30</u> 19 <u>32</u>		
19. UNDERTAKER (ADDRESS) <u>Schell. Merc. Co Eugene Mo</u>		
20. FILED <u>Oct 30</u> 19 <u>32</u> <u>Belle Haynes</u> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 28 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 31 1932, to Oct 30 1932  
I last saw him alive on Oct 30 1932. Death is said to have occurred on the date stated above, at 12104 m.  
The principal cause of death and related causes of importance were as follows:  
Malformation of the  
Pile ducts  
1570  
1570  
Other contributory causes of importance:  
None

Name of operation None Date of no  
What test confirmed diagnosis? Physical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? no Date of injury no, 1932  
Where did injury occur? no  
(Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.  
Manner of injury no  
Nature of injury no

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify no  
(Signed) Scott Shipley, M. D.  
(Address) Eugene 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.

Nov 25 1932

