

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 10 1933

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

Do not use this space.

32213

1. PLACE OF DEATH

County Buchanan
Township Platte
City (No.) St. Ward

Registration District No. 80
Primary Registration District No. 4048

File No.
Registered No.
St. Ward

2. FULL NAME

Marvin Osmon Farris
(a) Residence, No. St. Ward

(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 <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Alma Farris</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov. 25, 1889</u>		
7. AGE YEARS <u>43</u>	MONTHS <u>10</u>	DAYS <u>6</u>

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Laborer</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>Oct. 1, 1933</u>

11. Total time (years) spent in this occupation
life

12. BIRTHPLACE (CITY OR TOWN) Buchanan Co.
(STATE OR COUNTRY) Mo.

13. NAME William T. Farris

14. BIRTHPLACE (CITY OR TOWN) Buchanan Co.
(STATE OR COUNTRY) Mo.

15. MAIDEN NAME Mary Alice Peters

16. BIRTHPLACE (CITY OR TOWN) Buchanan Co.
(STATE OR COUNTRY) Mo.

17. INFORMANT Mrs. Alma Farris
(ADDRESS) Agency

18. BURIAL, CREMATION, OR REMOVAL
PLACE Agency Mo. DATE Oct. 3, 1933

19. UNDERTAKER J. A. Sullins
(ADDRESS) Agency Mo.

20. FILED Oct. 2, 1933 Mrs. Lucy Powell
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 1, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct. 1, 1933 to Oct. 1, 1933

I last saw h. alive on 19..... Death is said to have occurred on the date stated above, at 10:25 P. M.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis Date of onset

Other contributory causes of importance:
no facts

Name of operation none Date of

What test confirmed diagnosis? Chol. Hist Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? none Date of injury

Where did injury occur? no
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.
none

Manner of injury none

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify Jornish Thomas Coroner

(Signed) Jornish Thomas Coroner

(Address) 811 1/2 2nd St.

1951 OCT 13