

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

32N. 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.

JUL 24 1935

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

Do not use this space.

23544

1. PLACE OF DEATH

County Marion Registration District No. 547  
Township Mason Primary Registration District No. 2079  
City Hannibal (No. 718 S. main)

File No. \_\_\_\_\_  
Registered No. 179 St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Ely E Farmer

(a) Residence, No. 718 S. main 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 Effie

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4-14-1863

7. AGE YEARS 73 MONTHS 2 DAYS 3 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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

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) MO

MOTHER 13. NAME Wesley Farmer

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

15. MAIDEN NAME Elizabeth Cannon

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

17. INFORMANT Mrs. Effie Farmer (ADDRESS) 718 S. main Hannibal, MO

18. BURIAL, CREMATION, OR REMOVAL PLACE Elkhorn, MO DATE 6/18/36

19. UNDERTAKER James O'Connell (ADDRESS) Hannibal, MO

20. FILED June 22 1935 St. O'Neisher Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 17th, 1936

22. HEREBY CERTIFY That I attended deceased from June 16, 1936, to June 17, 1936  
I last saw him alive on June 17, 1936 Death is said to have occurred on the date stated above, at 5:30 p.m.

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

Ch. Myocarditis

Date of onset \_\_\_\_\_

Other contributory causes of importance:

Atherosclerosis  
Broncho Pneumonia

Name of operation None Date of \_\_\_\_\_

What test confirmed diagnosis? Clinical 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) Dr. Murphy, M. D.  
(Address) 201 A Broadway

