

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.

JAN 19 1937

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

Dr. Arthur Knabb  
Do not use this space.

44399

1. PLACE OF DEATH

County Greene Registration District No. 318  
Township \_\_\_\_\_ Primary Registration District No. 2001  
City Springfield Mo. No. 2315 Howard

File No. \_\_\_\_\_  
Registered No. 1023  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Joseph Lewis Farley  
(a) Residence, No. 2315 Howard 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 married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jessie Farley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 14-1866

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
70 2 0

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. salesman  
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) Platten Mo.

MOTHER 13. NAME James S. Farley

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

15. MAIDEN NAME Rachel Murphy

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

17. INFORMANT (ADDRESS) Jessie Farley  
Springfield Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE Springfield Mo. Dec 16-1936

19. UNDERTAKER (ADDRESS) Alma Labreyer  
Springfield Mo.

20. FILED Dec 16-1936 Chas. A. George  
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 14, 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec. 10, 1936 to Dec. 14, 1936

I last saw h. alive on Dec. 14, 1936 Death is said to have occurred on the date stated above, at 6 a. m.

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

Broncho-pneumonia 12-10-36  
Influenza 12-4-36

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? Chinical 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) Arthur D. Knabb, M. D.  
(Address) 450 1/2 S. Cecil St

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