

Hobbs

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

Do not use this space.

SEP 16 1937

30429

1. PLACE OF DEATH

County Clark
Township Union

Registration District No. 190
Primary Registration District No. 5265

File No. _____
Registered No. 31

City _____ (No. _____) St. _____ Ward _____

2. FULL NAME Junior W. Farland

(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 Male 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11-11-1925

7. AGE YEARS 1 MONTHS 8 DAYS 25 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
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) Clark Co. Missouri

13. NAME Lester W. Farland

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

15. MAIDEN NAME Nida Witts

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

17. INFORMANT (ADDRESS) W. C. W. Farland
Kahoka Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Providence Cem. DATE Aug. 7 1937

19. UNDERTAKER (ADDRESS) Fred Karl
Kahoka Mo.

20. FILED Aug 7 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 6 1937

22. I HEREBY CERTIFY That I attended deceased from Aug 1 1936 to Aug 6 1937
I last saw him live on Aug 6 1937 Death is said to have occurred on the date stated above, at 7:12 P. M.
The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia Date of onset 8/5/37

Other contributory causes of importance: None

Name of operation None Date of _____
What test confirmed diagnosis? Chemical Was there an autopsy? Yes

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? _____
If so, specify _____
(Signed) M. L. Hobbs M. D.
(Address) Kahoka Mo.

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.

WHITE PAPER WITH WRAPPING INK—THIS IS A PERMANENT RECORD

1-X724

