

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 24 1938

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

Do not use this space.

46505

1. PLACE OF DEATH

71 County Repley
Township Boon
City (No.) Ward

Registration District No. 70-2
Primary Registration District No. 5-993

File No.
Registered No. 14
St. Ward

2. FULL NAME

(a) Residence, No. Stellton St. farris 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 <u>M.</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>infant</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>11, 14, 1937</u>				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormls.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.			
	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) <u>mo</u>				
FATHER	13. NAME <u>J. C. Farris</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>mo</u>			
MOTHER	15. MAIDEN NAME <u>Cassats</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ark.</u>			
17. INFORMANT <u>J. C. Farris</u> (ADDRESS)				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>on farm</u> DATE <u>11, 14, 1937</u>				
19. UNDERTAKER <u>family</u> (ADDRESS)				
20. FILED <u>12, 9, 1937</u> <u>J. G. Sprague</u> Registrar				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11, 14, 1937

22. I HEREBY CERTIFY, That I attended deceased from, 19....., to, 19.....

I last saw h..... alive on, 19..... Death is said to have occurred on the date stated above, at.....m.

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

Don't know
no phy. present

Date of onset

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

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) J. G. Sprague M. D.
(Address) Local Registrar

