

NOV 18 1938

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

36292
Do not use this space.

1. PLACE OF DEATH
 (a) County Miller Registration District No. 6
 (b) Township Osaage Primary Registration District No. 5760 Registered No.
 (c) City (d) Street No.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred X yrs. X mos. X ds. (f) How long in U. S., if of foreign birth? X yrs. X mos. X ds.

2. PRINT FULL NAME Un-named Farrow
 (a) Residence, No. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 19 1938

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ... hrs. or ... min.
X X X X

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. X
 9. Industry or business in which work was done, as saw mill, bank, etc. X
 10. Date deceased last worked at this occupation (month and year) ✓ 11. Total time (years) spent in this occupation X

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miller Co. Missouri

FATHER
 13. NAME Henry Puller Farrow
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miller Co. Missouri

MOTHER
 15. MAIDEN NAME Livona Duncan
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miller Co. Missouri

17. INFORMANT (ADDRESS) John W. Farrow
Dixon, Rt. 3 Mo

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Dexsas, Can. DATE 10-11 1938

19. FUNERAL DIRECTOR (ADDRESS) Home Friends
499

20. FILED 10-11 1938 John L. Schuster (Address) Brinktown, Mo
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 10, 1938

22. I HEREBY CERTIFY, That I attended deceased from October 10, 1938, to X, 19X.
 I last saw her... alive on X, 19X. Death is said to have occurred on the date stated above, at 8 a. m.
 The principal cause of death and related causes of importance were as follows:
Still born
 Date of onset

Other contributory causes of importance:
Face presentation
Podalic version and
extraction

Name of operation version & extraction Date of Oct. 10, 38
 What test confirmed diagnosis? X Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? X Date of injury X, 19X
 Where did injury occur? X (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. X

Manner of injury X
 Nature of injury X

24. Was disease or injury in any way related to occupation of deceased? X
 If so, specify X
 (Signed) Douglas J. Jones M. D.
 (Address) Brinktown, 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.

RECEIVED

Miller County Health Dep't

County File Number

21

Date Filed

10-16-38

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

L. E.

No.....or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)