

REC'D JAN 23 1939

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

42729

Do not use this space.

1. PLACE OF DEATH

- (a) County Christian Registration District No. 185-
(b) Township Sparta Primary Registration District No. 5-258
(c) City Sparta, Mo. R. F. D. 1 (d) Street No. _____ St.
(e) Length of residence in city or town where death occurred _____ (If death occurred in Hospital or Institution, write its name instead of street and number)
(f) How long in U. S. if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

- (a) Residence, No. W.S. Clyde Franklin Farmer St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
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 single
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 22 - 1921
7. AGE YEARS 17 MONTHS 6 DAYS 27 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. "Sawed"
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) Near Sparta, Mo.

13. NAME Harrie Farmer

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

15. MAIDEN NAME Myrtle Osburn

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

17. INFORMANT (ADDRESS) Harrie Farmer Sparta, Mo. R. F. D. 1

18. BURIAL, CREMATION, OR REMOVAL PLACE Linden DATE Dec. 20, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) B. C. Klepper Sparta, Mo. 1171

20. FILED 1-2-39 Josephine Merritt (Address) Sparta, Mo.
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 19 - 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 17 38 to Dec 19 38
I last saw him alive on Dec 19 - 1938 Death is said to have occurred on the date stated above, at 8:30 P.M.
The principal cause of death and related causes of importance were as follows:

Bronchopneumonia Date of onset 12-12-38

Other contributory causes of importance: 10 AM
Toxemia from birth 5-22-21

- 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? Yes
If so, specify Occupational life
(Signed) H. J. Fine, M. D.

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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.)

If this body is not embalmed, above space should be left blank.