

REC'D JUN 12 1939

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

791
1008

17080
Do not use this space.

1. PLACE OF DEATH

(a) County 2 Registration District No. 1
 (b) Township 1 Primary Registration District No. 1 Registered No. 4614
 (c) City 1 (d) Street No. 4232 Folsom Ave. St. 18
 (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 10 yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

656 Lelia May Farmer,
 (a) Residence, No. 4232 Folsom Ave. St. 18 (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 Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John L. Farmer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 3, 1877

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
62 2 16

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
 9. Industry or business in which work was done, as 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) Kentucky

13. NAME Sam West.

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

15. MAIDEN NAME Mary H. Jett

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

17. INFORMANT (ADDRESS) John L. Farmer
4232 Folsom Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Bethany DATE 5/22/1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) W. A. Stock Ind. Co.
2117 E. Grand Blvd.

20. FILE NO. MAY 21 1939
J. B. Brubaker Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 19, 1939

22. I HEREBY CERTIFY, That I attended deceased from 8/17, 1938, to 5/19, 1939
 I last saw h. or alive on 5/14, 1939. Death is said to have occurred on the date stated above, at 3:00 p.m.
 The principal cause of death and related causes of importance were as follows:

apoplexy
hypertension

Other contributory causes of importance:
Articular Fibrillation

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? None 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) Dr. Julius R. Kaufman M. D.
 (Address) 2018th E. Grand Ave

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.

WHILE SERVING WITH ORLANDO UNIT—THIS IS A PERMANENT RECORD

I X (665)

Dr. Julius R. Kaufman
2018a E. Grand Blyd.
Central 1139

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

Frank A. Moore

Licensed Embalmer No.

3041

P. O. Address

2117 E. Grand

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.