

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

Do not use this space.

21085

**1. PLACE OF DEATH**

County Dekalb Registration District No. 258  
 Township Washington Primary Registration District No. 5360A  
 City Clarksdale (No. ....) St. .... Ward)

File No. ....  
 Registered No. 2

**2. FULL NAME** Ira Lee Farris

(a) Residence. No. .... St. .... 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 13/1864

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
65 | 5 | 6

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Farmer  
 (b) General nature of industry, business, or establishment in which employed (or employer) .....  
 (c) Name of employer .....

9. BIRTHPLACE (CITY OR TOWN) .....  
 (STATE OR COUNTRY) Near Rochester, Mo.

10. NAME OF FATHER Wm Farris

11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....  
 (STATE OR COUNTRY) Ky.

12. MAIDEN NAME OF MOTHER Sarah F. Robinson

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....  
 (STATE OR COUNTRY) Ky.

14. INFORMANT Lula Farris  
 (Address) Clarksdale, Mo.

15. FILED June 21, 1929 C M Davis REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 19 1929

17. I HEREBY CERTIFY, That I attended deceased from 5/17 1929 to 6/19 1929 that I last saw him alive on 6/17 1929, and that death occurred, on the date stated above, at 6.45 P. m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Cerebral Hemiplegia of Liver  
44 B (duration) yrs. 6 mos. da.

CONTRIBUTORY None (SECONDARY) (duration) yrs. mos. da.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH? ✓  
 DID AN OPERATION PRECEDE DEATH? Yes DATE OF 5/27 = 29

WAS THERE AN AUTOPSY? No  
 WHAT TEST CONFIRMED DIAGNOSIS? Physical  
 (Signed) C M Davis, M. D.

6/20 1929 (Address) St. Joseph, Mo.  
 \*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Union Chapel Cemetery DATE OF BURIAL 6/21 1929

20. UNDERTAKER C M Davis - Clarksdale, Mo ADDRESS

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.

1929  
 258  
 5360A

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 1  
 2  
 2

