

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

Do not use this space.

21980

1. PLACE OF DEATH

County Buchanan Registration District No. 85
Township _____ Primary Registration District No. 1001
City St. Joseph, (No. 1111 Church, _____ St. _____ Ward)

File No. _____
Registered No. 650

2. FULL NAME George W. Farrington,

(a) Residence, No. 1111 Church, _____ 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. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 15, 1874

7. AGE YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>78</u>	<u>3</u>	<u>18</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant,

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. General

10. Date deceased last worked at this occupation (month and year) July 1920 11. Total time (years) spent in this occupation. 40

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Worth county, Missouri, 1

13. NAME Gaston Farrington,

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Virginia, 2

15. MAIDEN NAME Nancy Kimberlin,

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Virginia,

17. INFORMANT Mrs. Phil Hewitt (ADDRESS) 1111 Church Street,

18. BURIAL, CREMATION, OR REMOVAL PLACE Clarksdale, MO, DATE July 6th, 1932

19. UNDERTAKER Heaton Beyle & Bowman (ADDRESS) 319 S. 10th. St. Funeral Home

20. FILED 7-2-32, 1932 John R. Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 3rd, 1932

I HEREBY CERTIFY, That I attended deceased from May 20, 1932 to July 3, 1932

I last saw him alive on July 30, 1932 Death is said to have occurred on the date stated above, at 10:50 a.m.

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

Hepatic Cirrhosis 192

124B 124B

Other contributory causes of importance: ①

Name of operation none Date of _____

What test confirmed diagnosis? Plummet Was there an autopsy? no

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? no

If so, specify _____

(Signed) J. R. Hewitt M. D.
(Address) 824 Edward St. St. Joseph, Mo.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

AUG 22 1932

APR 27 1954

STATIONER, 101 SOUTH 10TH ST.

ST. LOUIS, MO. 63103

ST. LOUIS, MO.

ST. LOUIS, MO.

ST. LOUIS, MO.

ST. LOUIS, MO.

ST. LOUIS, MO.

ST. LOUIS, MO.

ST. LOUIS, MO.

ST. LOUIS, MO.

ST. LOUIS, MO.

ST. LOUIS, MO.

ST. LOUIS, MO.

ST. LOUIS, MO.

ST. LOUIS, MO.

ST. LOUIS, MO.

ST. LOUIS, MO.

ST. LOUIS, MO.

ST. LOUIS, MO.

ST. LOUIS, MO.

ST. LOUIS, MO.

ST. LOUIS, MO.