

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.

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

PLACE OF DEATH
County Callaway
Township Cate and Dessen Registration District No. 111 File No. 302
Village _____ Primary Registration District No. 5161 Registered No. _____
City _____ (NO. _____ St. _____ Ward _____)

FULL NAME Mrs. Vergie Farmer

(If death occurred in a hospital or institution, give its NAME instead of street and number)

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>Female Negro</u>	COLOR OR RACE <u>Negro</u>	SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) <u>Married</u>
DATE OF BIRTH <u>Feb. 8, 1876</u> (Month) (Day) (Year)		
AGE <u>34</u> yrs. <u>11</u> mos. <u>2</u> ds.		IF LESS than 1 day, ___ hrs. or ___ min.?
OCCUPATION (a) Trade, profession, or particular kind of work <u>Housewife</u> (b) General nature of industry, business, or establishment in which employed (or employer)		
BIRTHPLACE (City or town, State or foreign country) <u>Callaway Co., Mo.</u>		
PARENTS	NAME OF FATHER <u>William Cave</u>	
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Mo.</u>	
	MAIDEN NAME OF MOTHER <u>Malinda Farmer</u>	
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Mo.</u>	

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH
Jan. 10, 1911
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Dec. 10, 1910, to Jan. 10, 1911, that I last saw her alive on Jan. 6th, 1911, and that death occurred, on the date stated above, at 6 a.m. The CAUSE OF DEATH^y was as follows:

Pulmonary Consumption
2 yrs. (Duration) one yrs. _____ mos. _____ ds.

Contributory (SECONDARY)
_____ (Duration) _____ yrs. _____ mos. _____ ds.

Signed: G. B. Protes M. D.
Jan 11, 1911 (Address) Libbets Mo.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death 34 yrs. 11 mos. 2 ds. In the 34 yrs. 11 mos. 2 ds.

Where was disease contracted if not at place of death?

Former or usual residence

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. Alice Nash
(ADDRESS) Holt Summit Mo.

Filed Jan 12, 1911 G. B. Protes
REGISTRAR

PLACE OF BURIAL OR REMOVAL
Oakley Cemetery
DATE OF BURIAL
Jan 11, 1911
UNDERTAKER
Arnold Meyer
ADDRESS
Libbets Mo

