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

PLACE OF DEATH

County Monroe

Township Marion

or

Village

or

City (NO. St.: Ward)

Registration District No. ~~5776~~ 579

Primary Registration District No. 57761

File No. 35053

Registered No. 579

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

FULL NAME Emmet Greenlee Farley

PERSONAL AND STATISTICAL PARTICULARS

SEX: male

COLOR OR RACE: white

SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Single

DATE OF BIRTH: Oct 21, 1916 (Month) (Day) (Year)

AGE: yrs. mos. 1 ds.

If LESS than 1 day, hrs. or min.?

OCCUPATION
(a) Trade, profession, or particular kind of work: At Home
(b) General nature of industry, business, or establishment in which employed (or employer):

BIRTHPLACE (City or town, State or foreign country): Monroe Co Mo

PARENTS

NAME OF FATHER: Belmont M. Farley

BIRTHPLACE OF FATHER (City or town, State or foreign country): Mo.

MAIDEN NAME OF MOTHER: Hazell Greenlee

BIRTHPLACE OF MOTHER (City or town, State or foreign country): Kansas

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) B. Farley

(ADDRESS)

Filed 10/23 1916 F. A. Thompson Deputy
W. W. Wenbourk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct 21st, 1916 (Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Oct 20th, 1916, to Oct 21st, 1916, that I last saw him alive on Oct 21st, 1916, and that death occurred, on the date stated above, at 10 m.

The CAUSE OF DEATH* was as follows:

Loss of blood from abnormal cord.

(Duration) 15 yrs. mos. ds.

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed) M. E. Lowery M. D.

Oct 21 1916 (Address) Madison 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 yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted if not at place of death?

Former or usual residence

PLACE OF BURIAL OR REMOVAL: Madison Cemetery

DATE OF BURIAL: 10/23 1916

UNDERTAKER: Fred A. Thompson

ADDRESS: Madison Mo

As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise

atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a

MISSOURI STATE BOARD OF HI

BUREAU OF VITAL STATISTIC

CERTIFICATE OF DEATH

PLACE OF DEATH

County.....

Township ..... Registration District No..... File No.....

or

Village..... Primary Registration District No..... Registered No.....

or

City ..... (NO. ..... St.; ..... Ward)

[If death o hospital or give its NA of street and

FULL NAME.....

PERSONAL AND STATISTICAL PARTICULARS		
SEX	COLOR OR RACE	SINGLE MARRIED WIDOWED OR DIVORCED (*Write* the word)

DATE OF BIRTH

....., 1.....
(Month) (Day) (Year)

AGE

.....yrs.....mos.....ds.

If LESS than 1 day,.....hrs. or.....min.?

OCCUPATION
(a) Trade, profession, or particular kind of work .....

(b) General nature of industry, business, or establishment in which employed (or employer) .....

BIRTHPLACE
(City or town, State or foreign country)

PARENTS

NAME OF FATHER

BIRTHPLACE OF FATHER
(City or town, State or foreign country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER
(City or town, State or foreign country)

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant).....

(ADDRESS).....

Filed ....., 191...., ...
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

.....
(Month) (Day)

I HEREBY CERTIFY, that I attended decea

....., 191...., to.....

that I last saw h.....alive on.....

and that death occurred, on the date stated above, at.....

The CAUSE OF DEATH* was as follows:

.....

.....

.....(Duration).....yrs.....mos.....

Contributory.....
(SECONDARY)

.....(Duration).....yrs.....mos.....

(Signed).....

....., 191.... (Address).....

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

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRA RECENT RESIDENTS)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....

Where was disease contracted if not at place of death? .....

Former or usual residence.....

PLACE OF BURIAL OR REMOVAL	DATE OF BUR
UNDERTAKER	ADDRESS

20 UNDERTAKER

19 PLACE OF BURI

Former or usual residence.

18 LENGTH OF RI

At place of death.....yrs.

Where was disea if not at place of

or Recent Re

*State the Disea (1) Means of Inj

(Signed).....

CONTRIBUTO (Secondary)

The CAUSE OF

and that death c

that I last saw h.

17 I HE

16 DATE OF DEATI

M

Registration District No.

District No.

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