

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

Do not use this space.

15777

1. PLACE OF DEATH

County Mississippi
Township
City Charleston (No. _____)

Registration District No. 566
Primary Registration District No. 3030

File No. _____
Registered No. 46
St. _____ Ward _____

2. FULL NAME

Grace Marie Farmer

(a) Residence. No. 610-S. Main St. 2 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. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) FEB-8-1924

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>3</u>	<u>3</u>	<u>19</u>	

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Charleston
(STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER Jessie N. Farmer

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

12. MAIDEN NAME OF MOTHER Dora Barber

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

14. INFORMANT Chas. F. Farmer
(Address) Charleston, Mo.

15. May 28 1927 J. D. Dorman
FILED REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 5/27 1927

17. I HEREBY CERTIFY, That I attended deceased from May 19 1927, to May 27 1927, that I last saw her alive on May 26 1927, and that death occurred, on the date stated above, at 10 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

congenital cyanosis

CONTRIBUTORY (SECONDARY) 162

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH, _____

19. DID AN OPERATION PRECEDE DEATH? no DATE OF _____

20. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Finger test
(Signed) J. D. Dorman, M. D.

(Address) Charleston 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 Oak Grove DATE OF BURIAL _____ 19 _____

20. UNDERTAKER The Fair - Salmen C. ADDRESS Charleston Mo

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.

JUN 28 1927

