

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

Do not use this space.

18256

1. PLACE OF DEATH
 County Jackson Registration District No. 399
 Township Rawley Primary Registration District No. 1007
 City Kansas City (No. St. Marys Ward) Ward

2. FULL NAME Marion Ralph Farris
 (a) Residence. No. 3236 Norton St., 14 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

MEDICAL CERTIFICATE OF DEATH

3. SEX m 4. COLOR OR RACE wh 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) Nov. 22, 1913

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
13 | 6 | 14 | | |

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Scholar
 (b) General nature of industry, business, or establishment in which employed (or employer) Junior High
 (c) Name of employer Kansas City Mo.

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 6 1927

17. I HEREBY CERTIFY That I attended deceased from May 20 1927 to May 6 1927 that I last saw him alive on May 29 1927, and that death occurred, on the date stated above, at 9:30 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Epidemic cerebro-spinal meningitis
24 18 (duration) yrs. mos. 17 ds.
acute glomerular nephritis (SECONDARY) (duration) yrs. mos. 5 ds.

9. BIRTHPLACE (CITY OR TOWN) Kansas City Mo.
 (STATE OR COUNTRY)

10. NAME OF FATHER Marion F. Farris

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

12. MAIDEN NAME OF MOTHER Agnes Herman

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

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH? 3236 Norton St. Mo.

DID AN OPERATION PRECEDE DEATH? No DATE OF

WHAT TEST CONFIRMED DIAGNOSIS Chemical & laboratory
 (Signed) A. B. Jones M.D.
 Address 1014 Argyle Bldg

*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.

14. INFORMANT Marion F. Farris
 (Address) 3236 Norton

15. FILED June 9 1927 M.M. Crowe
Asst. REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Memorial Park DATE OF BURIAL June 9 1927

20. UNDERTAKER N.H. Newcomer's Sons ADDRESS 116 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.

1019 Argyle Bldg -
3-20-6-