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

Do not use this space.

31775

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 9128

City St Louis. (No. #4454 Washington Blvd. St. ..... Ward)

2. FULL NAME J. Henry Farley

(a) Residence. No. #4454 Washington Blvd. Ward. 19
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male.	White	Single.

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 8th, 1844

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	83.	4.	3.	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Cotton Merchant

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Montgomery. (STATE OR COUNTRY) Alabama

PARENTS

10. NAME OF FATHER Henry H. Farley

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

12. MAIDEN NAME OF MOTHER Sarah Ward.

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

14. INFORMANT Page E. Golsan. (Address) #915 Valentine Rd. K.C. Mo.

15. FILED OCT 13 1927 Max C Starkloff REGISTRAR

2) MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct-11th, 1927.

17. I HEREBY CERTIFY, That I attended deceased from March, 1925, to 10/11, 1927, that I last saw h..... alive on 10/11, 1927, and that death occurred, on the date stated above, at 6:00 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Broncho-pneumonia

93C

107P 90B

..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Chr Myocarditis several years (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? —

DID AN OPERATION PRECEDE DEATH? no DATE OF —

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical examinations

(Signed) Thomas C Birdsall, M. D

10-12-, 1927. (Address) Lister Bldg - 4500 Olive St.

*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	DATE OF BURIAL
Bellefontaine, Cem	10-14, 1927.

20. UNDERTAKER	ADDRESS
C. R. Lupton.	Olive Street, #4449