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.

PERMANENT RECORD

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

Do not use this space.

33334

1. PLACE OF DEATH
County Howard
Township Charlton
City Glasgow (No. ..... St. ..... Ward)
Registration District No. 379
Primary Registration District No. 4223
File No. .....
Registered No. .....

2. FULL NAME Charles Henry Fariss

(a) Residence. No. ..... St., ... Ward. .....
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 5-17-1859

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
68	6	4	

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

9. BIRTHPLACE (CITY OR TOWN) Boonville Mo
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER John L Fariss
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Virginia
12. MAIDEN NAME OF MOTHER Kathrin Witchkel
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Germany

14. INFORMANT Mrs A. E. Fisher
(Address) Glasgow Mo

15. FILED 11/25, 1927 C H Temple REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 21 1927

17. I HEREBY CERTIFY, That I attended deceased from Aug 25, 19..., to 11-21 27, 19..., that I last saw him alive on 11-18 27, 19..., and that death occurred, on the date stated above, at about 1 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Angina Pectoris
(duration) 1 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Cerebro Spinal Sclerosis (duration) 2 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

(Signed) C H Temple, M. D
11-22, 1927 (Address) Glasgow 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 Washington Cedar
DATE OF BURIAL Nov 23 1927

20. UNDERTAKER Ed S Wangler
ADDRESS Glasgow Mo