

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

Do not use this space.

20533

1. PLACE OF DEATH

County Jackson Registration District No. 398
 Township Blue Primary Registration District No. 5334
 City Independence (No.) St. Ward)

File No.
 Registered No. 237

2. FULL NAME

Gladys Farmer
 (a) Residence, No. Jackson Co. near Raytown (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 Female 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) Oct 2 - 1912

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
15 - 8 - 1 -

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

9. BIRTHPLACE (CITY OR TOWN) Nashville
 (STATE OR COUNTRY) Tenn

10. NAME OF FATHER Adam Farmer

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

12. MAIDEN NAME OF MOTHER Florence Demment

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

14. INFORMANT Adam Farmer
 (Address) Kansas City, Mo RR #3

15. FILED 6/28/28 F. K. CLOVER REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 23 - 1928

17. I HEREBY CERTIFY, That I attended deceased from 19....., to 19....., and that I last saw him alive on 19....., and that death occurred, on the date stated above, at 10:30 a.m.

THE CAUSE OF DEATH WAS AS FOLLOWS:
Accidental third degree
burning of chest abdomen
back & leg
1 1/2" (duration) yrs. mos. ds.
 CONTRIBUTION (SECONDARY) Gasoline stove exploded
 (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?
 (Signed) Adm. J. G. ... M. D.
June 23 1928 (Address) Independence, Mo

*State the DISEASE CAUSING DEATH, or of 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 Woodlawn Cem DATE OF BURIAL June 25 1928

20. UNDERTAKER Otto & Mitchell ADDRESS Independence Mo

WITH UNFADING INK. Be carefully supplied. AGE should be carefully supplied. Exact statement of OCCUPATION is very important. CAUSE OF DEATH should be carefully supplied.

1928

**MISSOURI STATE BOARD OF HEALTH
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CERTIFICATE OF DEATH**

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH.
 County Jackson Registration District No. 398 File No. _____
 Township Beve Primary Registration District No. 3354 Registered No. 237
 City _____ (No. _____) St. _____ Ward _____

2. FULL NAME Gladys Farmer
 (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 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED S (Use the word)

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) _____

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
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8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work _____
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) _____

10. NAME OF FATHER _____

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

12. MAIDEN NAME OF MOTHER _____

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

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 23 19 28

17. I HEREBY CERTIFY, That I attended deceased from _____, 19____ to _____, 19____ that I last saw him _____ alive on _____, 19____, and that death occurred, on the date stated above, at _____.

THE CAUSE OF DEATH WAS AS FOLLOWS:
accidental third degree burns of chest abdomen, back & legs should not burn
 CONTRIBUTORY (SECONDARY) gasoline can match (duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED _____
 IF NOT AT PLACE OF DEATH _____
 DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____
 WAS THERE AN AUTOPSY? _____
 WHAT TEST CONFIRMED DIAGNOSIS? _____
 (Signed) _____, M. D.
 _____, 19____ (Address) _____

SUPPLEMENTARY

14. INFORMANT (Address) _____

15. FILED Aug 28 1928 F. L. Cook REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL _____ DATE OF BURIAL _____ 19____

20. UNDERTAKER _____ ADDRESS _____

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. If unobtainable should state CAUSE OF DEATH in plain terms. It may be properly classified. Let it be known if OCCURENCE is very important.

REGISTRARS SHALL RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

5-20533