JUL 20 1928

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.

21093

1. PLACE OF DEATH
County LACLEDE Registration District No. 449
Township Primary Registration District No. 4267
City LEBANON (No. St. Ward)

File No.
Registered No. 1478

2. FULL NAME ALICE C. FARRAR

(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: F
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): MARRIED

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 6, 1866

7. AGE: Years 61 | Months 8 | Days 17 | If LESS than 1 day, hrs. or min.

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

9. BIRTHPLACE (CITY OR TOWN) TUSCOLA
(STATE OR COUNTRY) ILL

PARENTS
10. NAME OF FATHER J. H. CANCANON
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) U. S.
12. MAIDEN NAME OF MOTHER MARY - Not Known
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) U. S.

14. INFORMANT B. B. Farrar
(Address) Lebanon Mo

15. FILED 6/25, 1928 J. M. Billing
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 June, 1927, to June 23, 1928, that I last saw h. alive on June 23, 1928, and that death occurred, on the date stated above, at 6.50 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma of Face
Age 48
(duration) yrs. 3 mos. ds.

CONTRIBUTORY (SECONDARY) Eczema
(duration) 5 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? Physical Sign
(Signed) P. L. Thompson, M. D.
, 19 (Address) Lebanon 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 LEBANON Mo
DATE OF BURIAL 6-25 1928

20. UNDERTAKER PALMER
ADDRESS LEBANON