OCT 26 1928

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

Do not use this space.

30804

1. PLACE OF DEATH
County Jasper — Registration District No. 41 — File No.
Township Galena — Primary Registration District No. 2002 — Registered No. 376
City Joplin (No. ..... St. ..... Ward)

2. FULL NAME Arnold Eugene Farley
(a) Residence. No. 2510 Penn Ave Ward. (If nonresident give city or town and State)
(Usual place of abode)
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 (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF —
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 28 1914
7. AGE Years 14 Months * Days 5 If LESS than 1 day, ... hrs. or ..... min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Student
(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) Joplin Mo
PARENTS
10. NAME OF FATHER Walter A Farley
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Indiana
12. MAIDEN NAME OF MOTHER Zelma Rowland
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Joplin Mo
14. INFORMANT Walter A Farley (Address) Joplin Mo
15. FILED 9/4, 1928 Dr A Benson Clark REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 9/2, 1928
17. I HEREBY CERTIFY, That I attended deceased from Aug 8th, 1928, to Sept 2nd, 1928 that I last saw him alive on Sept 1st, 1928, and that death occurred, on the date stated above, at 3-30 P.M.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Valvular heart disease
92A (duration) 1 yrs. mos. ds.
CONTRIBUTORY (SECONDARY) 90A (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 Benson Clark M.D
9/4, 1928 (Address) Joplin 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 Ozark Memorial — DATE OF BURIAL 9-4 1928
20. UNDERTAKER Hurlbut Und Co — ADDRESS Joplin 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD