OV 22 1928

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

Do not use this space.

35801

1. PLACE OF DEATH
County Stoddard — Registration District No. 839 — File No.
Township Richland — Primary Registration District No. 6101 — Registered No. 49
City (No. St. Ward)

2. FULL NAME Bessie Marie Farris.
(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 Female
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 Albert Farris.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 27. 1906

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
22.		11	

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) housewife.
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Stoddard Co.
(STATE OR COUNTRY) Mo.

PARENTS
10. NAME OF FATHER Sam Garner.
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Mo.
12. MAIDEN NAME OF MOTHER Rose Ryles.
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Mo.

14. INFORMANT Abner Tippens
(Address) Essex Mo.

15. FILED 10/8 1928 J P Brandon. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 10-8 1928.

17. I HEREBY CERTIFY, That I attended deceased from No Time, 19 to , 19 that I last saw h alive on , 19 , and that death occurred, on the date stated above, at m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Died Suddenly
2 00 B
Cause Unknown.
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 204
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
9 DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Dr W. J. Hux, M. D
, 19 (Address) Essex 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 Taylor Cem. — DATE OF BURIAL 10-9 1928

20. UNDERTAKER None — ADDRESS

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.