

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

Do not use this space.

43005

**1. PLACE OF DEATH**

County..... Registration District No. **791**  
 Township..... Primary Registration District No. **1003**  
 City **St. James** (No. **St. Johns Hospital**) St. .... Ward)

File No. ....  
 Registered No. **12280** Ward)

**2. FULL NAME** **Hester G. Farnham**

(a) Residence. No. **5116 Labadie** St., **6** Ward. (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 **Fenton Farnham**

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Nov - 28 - 1856**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
**72** **18**

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) **at home**  
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) **Jacksonville**  
 (STATE OR COUNTRY) **Ill**

10. NAME OF FATHER **Benjamin Guss**

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

12. MAIDEN NAME OF MOTHER **Jucy Ellen Hanly**

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

14. INFORMANT **Mabel Farnham**  
 (Address) **5116 Labadie Ave**

15. FILED **17 1928** REGISTRAR **Wm C. Harvey**

**2 MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) **12/16/28** 19

17. I HEREBY CERTIFY, That I attended deceased from **12/16/28** 19, and that I last saw him alive on **12/16/28** 19, and that death occurred, on the date stated above, at **8 P.** m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
**92C**  
**112 Asthmatic bronchitis**  
**chronic non tubercular**  
 (duration) **8** yrs. mos. ds.

CONTRIBUTORY (SECONDARY) **myocardial infarction**  
 (duration) **1** 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) **W. F. Falk** M. D.

**12/16/28** 19 (Address) **Breamont Bldg**

\*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 **Memorial Park** DATE OF BURIAL **Dec. 17, 1928**

20. UNDERTAKER **Alexander & Sons** ADDRESS **6125 D. Plum**

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.

MARGIN RESERVED FOR BINDING

NO. 2.

A. R. Falk  
St. Johns