

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.

1816

1. PLACE OF DEATH

County Jackson  
Towship New  
City Kansas City

Registration District No. 399

Primary Registration District No. 1002

File No. 4003

Registered No. 4003

St. Campbell Ward 6

2. FULL NAME

(a) Residence. No. 3424 Campbell St. 6 Ward.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. 2 mos. 6 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

male

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

Mrs Sarah Ann Farrar

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

Dec 3, 1854

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

74

1

23

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

Agent Ry M. 14

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

think La cede  
or St Charles mo.

10. NAME OF FATHER

not known

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

not known

12. MAIDEN NAME OF MOTHER

not known

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

not known

14.

INFORMANT (Address)

Irene & Kathryn Farrar  
3424 Campbell

15.

FILED

1-27-29 M. M. Cline  
Asst. REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

Sat.

16. DATE OF DEATH (MONTH, DAY AND YEAR)

Jan 26 19 29

17.

I HEREBY CERTIFY, That I attended deceased from Jan 25

1929, to Jan 26, 1929.  
that I last saw him alive on Jan 26, 1929, and that death occurred, on the date stated above, at 930 115A

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

acute angina

CONTRIBUTORY (SECONDARY)

Chronic Myocarditis

18. WHERE WAS DISEASE CONTRIBUTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OF -

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed)

Physical Findings  
76 La Mar  
1/27, 1929 (Address) 915 Argyle 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

DATE OF BURIAL

Forest Hill

Jan 29 19 29

20. UNDERTAKER

ADDRESS

Cylar Funeral Home 1800 Linwood

