

FEB 22 1929

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

Do not use this space.

1990

1. PLACE OF DEATH  
County Jasper Registration District No. 40 r  
Township..... Primary Registration District No. 3020  
City Carthage (No.....) St. .... Ward)

File No.....  
Registered No.....

2. FULL NAME Robert K. 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

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

Grace Farrar

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 23, 1870

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
58 1 12

8. OCCUPATION OF DECEASED

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

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) London  
(STATE OR COUNTRY) Ohio

10. NAME OF FATHER H. M. Farrar

11. BIRTHPLACE OF FATHER (CITY OR TOWN) London  
(STATE OR COUNTRY) Ohio

12. MAIDEN NAME OF MOTHER Martha Minter

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) London  
(STATE OR COUNTRY) Ohio

14. INFORMANT Mrs. Grace Farrar  
(Address) Carthage, Mo.

15. FILED 1/5 29 Edith Ketchum  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 5th 1929

17. I HEREBY CERTIFY, That I attended deceased from Jan 11, 1927, to Jan 5, 1929, that I last saw him alive on Jan 5, 1929, and that death occurred, on the date stated above, at 4:00 A. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Cerebral hemorrhage  
Hypertension, essential

CONTRIBUTORY (SECONDARY) Myocarditis, Chron  
20 minutes, Chron  
approx 2 yrs from (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH... DID AN OPERATION PRECEDE DEATH... DATE OF... WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Physical findings  
(Signed) Ernest J. McPeters, M. D.  
, 19 (Address) Carthage 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 Axtell, Kansas. DATE OF BURIAL Jan. 7 1929

20. UNDERTAKER Kneel Mortuans ADDRESS Carthage

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.

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2

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