

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

Do not use this space.

5743

**1. PLACE OF DEATH**

County... Cape Girardeau Registration District No. 125  
 Township... " " Primary Registration District No. 2009  
 City... " " (No. Jonestown) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. 57

**2. FULL NAME**

Willie Long 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. 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) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 21 - 1928

7. AGE	YEARS	MONTHS	DAY	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>1</u>	<u>0</u>	<u>6</u>	

**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) \_\_\_\_\_  
 (c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Sturdivant  
 (STATE OR COUNTRY) Mo

10. NAME OF FATHER Clyde Farris

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Oregon  
 (STATE OR COUNTRY) Mo

12. MAIDEN NAME OF MOTHER Little Brock

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Brownwood  
 (STATE OR COUNTRY) Mo

14. INFORMANT Little Farris  
 (Address) Cape Girardeau

15. FILED 7/28 29 W. Blain REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

2  
 16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 27 1929

17. I HEREBY CERTIFY That I attended deceased from 2/20, 1929, to 2/27, 1929 that I last saw alive on 2/20, 1929, and that death occurred, on the date stated above, at 8 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  gastro enteritis - (Improper feeding)  
11 1/2 Only saw his child one time. (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ da.

CONTRIBUTORY (SECONDARY) 11 1/2 (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ da.

18. WHERE WAS DISEASE CONTRACTED 11 1/2  
 IF NOT AT PLACE OF DEATH. \_\_\_\_\_

19. DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_  
 WAS THERE AN AUTOPSY? \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS: None  
 (Signed) W. Blain, M. D.  
 7/27, 19 29 (Address) Cape Girardeau 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 Girvaist Cemetery DATE OF BURIAL Feb 28 1929

20. UNDERTAKER Looney & Mc ADDRESS Cape Girardeau

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.

MAR 21

