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

Do not use this space. 11562

1. PLACE OF DEATH

County: Mississippi — Registration District No. 566 — File No.

Township: Tywappity — Primary Registration District No. 3030 — Registered No. 39

City: Charleston (No. ..... St. ..... Ward)

2. FULL NAME Mrs. Lufunia Farmer

(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 24 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F — 4. COLOR OR RACE: Colored — 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Harry Farmer

6. DATE OF BIRTH (MONTH, DAY AND YEAR): in 1905

7. AGE: about 24 Years — Months — Days — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Wolf Island Miss Co. Mo.

PARENTS

10. NAME OF FATHER: Wesley Rowden

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

12. MAIDEN NAME OF MOTHER: Beulah Dumas

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

14. INFORMANT: Wesley Rowden (Address) Wolf Island Mo

15. FILED: March 29, 1929 F S Vernon REGISTRAR

MEDICAL CERTIFICATE OF DEATH 10:30 P.M.

16. DATE OF DEATH (MONTH, DAY AND YEAR): 3/28 1929

17. I HEREBY CERTIFY, That I attended deceased from March 23, 1929, to Mch 28, 1929 that I last saw her alive on 3/28, 1929, and that death occurred, on the date stated above, at 10:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Puerpual Septaecemia

146 (duration) ..... yrs. ..... mos. 8 ds.

CONTRIBUTORY (SECONDARY): Unknown

..... (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? ..... DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) W. S. Love, M. D

3/29, 1929 (Address) Charleston, 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: Oak Grove Cemetery — DATE OF BURIAL: 3/30 1929

20. UNDERTAKER: The Lair Und Co. W. S. Lair — ADDRESS: Charleston Mo.

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.