AUG 22 1929

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

Do not use this space.

23875

85

1. PLACE OF DEATH
County Buchanan — Registration District No. 1001 — File No.
Township — Primary Registration District No. — Registered No. 867
City St. Joseph, Mo. (No. Sister's Hospital St. Ward)

2. FULL NAME Mark Joseph Farber
(a) Residence. No. 2002 Clay St., Ward. (If nonresident give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 38 yrs. — mos. — ds. How long in U.S., if of foreign birth? yrs. mos. ds.

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6
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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: Estella Farber

6. DATE OF BIRTH (MONTH, DAY AND YEAR): May 25, 1865

7. AGE: Years 64 — Months 1 — Days 23 — If LESS than 1 day, ... hrs. or ... min.

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

9. BIRTHPLACE (CITY OR TOWN): Moskau
(STATE OR COUNTRY): Russia

PARENTS
10. NAME OF FATHER: Joseph Farber
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Unknown
(STATE OR COUNTRY): Unknown
12. MAIDEN NAME OF MOTHER: Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Unknown
(STATE OR COUNTRY): Unknown

14. INFORMANT: Ralph Farber
(Address): 2002 Clay

15. FILED 19 1929, 19 — John G. [illegible] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR): July 18, 1929

17. I HEREBY CERTIFY, That I attended deceased from June 1, 1929, to July 18, 1929, that I last saw him alive on July 18, 1929, and that death occurred, on the date stated above, at 8:10 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cancer of prostate gland
51C
9418
(duration) yrs. 5 mos. — ds.

CONTRIBUTORY (SECONDARY): Sclerosis of Coronary Artery right
(duration) yrs. 4 mos. ds. Slight Symptoms

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? —
DID AN OPERATION PRECEDE DEATH? yes DATE OF July 2 & 18th 1929
WAS THERE AN AUTOPSY? Yes
WHAT TEST CONFIRMED DIAGNOSIS? Operation & Autopsy
(Signed) Cecil Potter, M.D.
July 18, 1929 (Address) 731 Faraon St. Joseph, 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: Cremation, Kansas City, Mo.
DATE OF BURIAL: July 19 1929

20. UNDERTAKER: Fleeman Funeral Home
ADDRESS: 1946 Colhoun

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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