

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

Do not use this space.

33219

1. PLACE OF DEATH

County Cass
Township Worth
City (No.)

Registration District No. 1117
Primary Registration District No. 5011

File No.
Registered No. 1117-11
St. 11 Ward

2. FULL NAME

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

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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)

Oct 6, 1929

7. AGE

YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
			<u>15 min.</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)

(STATE OR COUNTRY) Cass Co Mo

10. NAME OF FATHER

E. Justice Farris

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Cass Co. Mo

12. MAIDEN NAME OF MOTHER

Lois M Jones

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Calistoga Ark

14. INFORMANT

E. Justice Farris
(Address) Worrel Mo

15. FILED

11/7 1929
M. B. C. Tait
REGISTRAR

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

Oct 6 1929

17. I HEREBY CERTIFY That I attended deceased from

Oct 6, 1929, to , 1929
that I last saw him alive on Oct 6, 1929, and that death occurred, on the date stated above, at 10:45 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Prematurity

CONTRIBUTORY (SECONDARY)

159
16/18

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

18. DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY.....

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) B. J. Porter, M. D.
, 19 (Address) Worrel 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

Freemason Mo

DATE OF BURIAL

11/7 1929

20. UNDERTAKER

ADDRESS

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should sign.

PARENTS

1929

