

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

Do not use this space.

37364

399

1. PLACE OF DEATH

County Jackson Registration District No. 1002
 Township Kaw Primary Registration District No. 1002
 City K.C. Mo. (No. 338so. Colorado) St. _____ Ward _____

File No. 4834
 Registered No. 4834

2. FULL NAME Mary Elizebeth Farris

(a) Residence. No. 328so. Colorado St. 10 Ward _____
 (Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fe. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Child

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 31 1924

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
<u>5</u>	<u>0</u>	<u>0</u>	<u>24</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Child
 (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) Mo.

PARENTS

10. NAME OF FATHER Jiles M. Farris
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Iowa
 12. MAIDEN NAME OF MOTHER Mary Dolan
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Virginia

14. INFORMANT Mr. J.M. Farris
 (Address) 338so. Colorado

15. FILED 11/25/29 M. S. Corone REGISTRAR F

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) November 24 1929

17. I HEREBY CERTIFY, That I attended deceased from Nov 22, 1929, to Nov 23, 1929, that I last saw her alive on Nov 23, 1929, and that death occurred, on the date stated above, at 225a, m. s. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Bronch. Pneumonia
10-1-A
 (duration) yrs. mos. ds. 3

CONTRIBUTORY (SECONDARY) Bronchitis
 (duration) yrs. mos. ds. 7

18. WHERE WAS DISEASE CONTRACTED Wood
 IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS? (Signed) R. H. Williams M. D.

11/24, 1929 (Address) 5400 69th St
 *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 DATE OF BURIAL

Mt. Washington Nov 26 1929

20. UNDERTAKER Rose & Henderson ADDRESS 158 Jac

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.

321 Ho Van Bunt