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

Do not use this space.

1. PLACE OF DEATH
County: Callaway — Registration District No. 104
Township: — Primary Registration District No. 3008
City: Fulton (No. ..., ... St. ... Ward)

File No. 366
Registered No. 13

2. FULL NAME: Edward Everett Faris

(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

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: Lena Faris

6. DATE OF BIRTH (MONTH, DAY AND YEAR): 10/3 1860

7. AGE: Years 69 — Months 3 — Days 15 — If LESS than 1 day, ... hrs. or ... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Merchant
(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): Va.

PARENTS
10. NAME OF FATHER: Dont Know
11. BIRTHPLACE OF FATHER (CITY OR TOWN) ... (STATE OR COUNTRY): Dont Know
12. MAIDEN NAME OF MOTHER: Sallie Amus
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ... (STATE OR COUNTRY): Va.

14. INFORMANT: Mrs. Lena Faris
(Address): Fulton Mo.

15. Jan 21, 1930 R. N. Crews
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): I/18 1930

17. I HEREBY CERTIFY, That I attended deceased from Jan. 18, 1930, to Jan. 18, 1930, that I last saw h... alive on ..., 19..., and that death occurred, on the date stated above, at 4.30 P.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Arteio Sclerosis
(duration) ... yrs. ... mos. ... ds.
CONTRIBUTORY (SECONDARY): Heart Trouble
(duration) ... yrs. around mos. ... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? ...
DID AN OPERATION PRECEDE DEATH? No DATE OF ...
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? ...
(Signed) A. J. Ferguson, M. D.
, 19 (Address) Fulton 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: Hillcrest Cemetry — DATE OF BURIAL: I/20 1930

20. UNDERTAKER: Herndon Taylor — ADDRESS: Fulton 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.