

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

Do not use this space.

1243

**1. PLACE OF DEATH**

County Jackson  
Township Jackson  
City K.C. Mo (No. 6208 E 16th)

Registration District No. 399  
Primary Registration District No. 106

File No. \_\_\_\_\_  
Registered No. 234  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Ashton Russell Farnham  
(a) Residence. No. 6208 E 16th St. 12 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 M 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 11-1848

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
81 4 5-

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

10. NAME OF FATHER Amos Farnham

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) New England

12. MAIDEN NAME OF MOTHER Edith Hatch

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) New England

14. INFORMANT Mrs. E. Farnham (Address) 6208 E 16th

15. Jan 17 1930 M. M. Crove REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 16 1930

17. I HEREBY CERTIFY, That I attended deceased from Jan 12 1930 to Jan 16 1930 that I last saw deceased alive on Jan 16 1930 and that death occurred, on the date stated above, at 8:45 P.M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Broncho pneumonia

107A (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

CONTRIBUTORY (SECONDARY) \_\_\_\_\_ (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH place of death

DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_  
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?  
(Signed) James O. Brown, M. D.

(Address) 6241 E 15th 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 St. Luke Maus Dowe DATE OF BURIAL Jan 17 1930

20. UNDERTAKER Roxo Henderson ADDRESS 150 Jackson

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.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

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Dr. Brown