

SEP 24 1930

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

Do not use this space.

18998-A

1. PLACE OF DEATH

County Crawford Registration District No. 234
Township Oak Hill Primary Registration District No. 5319
City _____ (No. _____) St. _____ Ward _____

2. FULL NAME

Washington Farris
(a) Residence. No. _____ St. _____ 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 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 Caroline Farris

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 6 1855
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
75 0 10

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

9. BIRTHPLACE (CITY OR TOWN) St. Louis Mo
(STATE OR COUNTRY)

10. NAME OF FATHER John Farris
11. BIRTHPLACE OF FATHER (CITY OR TOWN) London Eng
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____
(STATE OR COUNTRY)

14. INFORMANT Chas. Lewis
(Address) Jacks Prairie Mo

15. FILED 6/18 1930 Sam Bayles REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 16 1930
17. I HEREBY CERTIFY, That I attended deceased from noon 17, 1930, to June 16, 1930
that I last saw him alive on June 9, 1930, and that death occurred, on the date stated above, at 8:00 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Infection of lungs from Pleuritic Empyema ruptured into lungs (duration) 5 yrs. 6 mos. 29 ds.
CONTRIBUTORY Dehydration (SECONDARY) (duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED 1021 W
IF NOT AT PLACE OF DEATH _____
DID AN OPERATION PRECEDE DEATH? No DATE OF _____
WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) M. E. Spurgeon, M. D.
June 17, 1930 (Address) Red Bill, 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 Oak Hill Cemetery DATE OF BURIAL 6/18 1930

20. UNDERTAKER J. A. Morgan ADDRESS Oak Hill

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.

MARGIN RESERVED FOR BINDING

V. S. FORM 2.

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REGISTRAR

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