NOV 25 1930

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

Do not use this space.

33322

1. PLACE OF DEATH

County Jasper Registration District No. 411 File No.

Township ~~Del~~ Galena Primary Registration District No. 55692 Registered No.

City Chitwood (No. St. Ward)

2. FULL NAME John Wesley McFarland

(a) Residence No. 324 No. Walnut St., Ward. Chitwood Mo.
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 29 1841

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	89	2	0	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired Farmer 6 yrs.

(b) General nature of industry, business, or establishment in which employed (or employer) Farm

(c) Name of employer None

9. BIRTHPLACE (CITY OR TOWN) Unkown
(STATE OR COUNTRY) Virginia

PARENTS

10. NAME OF FATHER Geo. Washington McFarlan

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Virginia

12. MAIDEN NAME OF MOTHER Sarah Ann Jennings

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Virginia.

14. INFORMANT Seymor McFarling
(Address) Crestline Ks.

15. FILED 10/31, 1930 A Benson Clark
REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 29 1930

17. I HEREBY CERTIFY, That I attended deceased from Oct 1, 1930, to Oct 27-1930 that I last saw him alive on Oct 27, 1930, and that death occurred, on the date stated above, at 7:30 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Senility Arteriosclerosis
151
99
102 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Interstitial Nephritis
(duration) — yrs. 2 mos. — ds.

18. WHERE WAS DISEASE CONTRACTED?

IF NOT AT PLACE OF DEATH 324 N Walnut

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? —

(Signed) J. M. Gray, M. D.

10/30, 1930 (Address) Joplin 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	DATE OF BURIAL
Hill Crest Cemt	Oct 31 1930

20. UNDERTAKER	ADDRESS
P. M. Clark	Galena, Ks

Res. Phone 1802 Office Hours 2 to 5 P. M. Office Phone 1802

A. BENSON CLARK, M. D.

630 Sergeant Avenue
JOPLIN, MISSOURI

November 15, 1930

State Board of Health
Jefferson City, Mo.

Gentlemen:

Please perfect your records for John Westley McFarland who died Oct. 29, 1930. The name, according to informant should be McFarling.

Yours truly,

A. Benson Clark M.
Dr. A. Benson Clark

ABC:mp

1930

S-33322