

DEC 22 1930

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

35813 Do not use this space.

1. PLACE OF DEATH

County Gentry  
Township  
City Albany (No. \_\_\_\_\_)

Registration District No. 309  
Primary Registration District No. 4185

File No. \_\_\_\_\_  
Registered No. 50  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

James Edward Farthing  
(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 Elvina Dorsey

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 3 - 1842

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
88 0 27

8. OCCUPATION OF DECEASED

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

10. NAME OF FATHER James Farthing

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

12. MAIDEN NAME OF MOTHER Perlina Magee

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

14. INFORMANT Helina Farthing (Address) Albany

15. FILE NO. 100 14 1930 W. J. Martin REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 30 1930

17. I HEREBY CERTIFY, That I attended deceased from 11-24, 1930, to 11-29, 1930 that I last saw him alive on 11-29, 1930, and that death occurred, on the date stated above, at 11 a. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Mural Thrombosis

82.17  
95B (duration) yrs. mos. 5 ds.  
CONTRIBUTORY (SECONDARY) apoplexy (sudden) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

0 DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? clinical  
(Signed) Fran H. Rose M. D.

11-30, 1930 (Address) Albany, 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 Horton cemetery DATE OF BURIAL Dec 1 1930

20. UNDERTAKER A. J. Bare ADDRESS Albany

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.

