

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

Do not use this space.

36999
Mouss

File No. _____
Registered No. *301* _____
St. _____ Ward)

1. PLACE OF DEATH

County *Putnam* Registration District No. *668*
Township _____ Primary Registration District No. *3032*
City *Sedalia* (No. *Bathwell Mem.*)

2. FULL NAME

Ed Daniel Lee Farley
(a) Residence. No. *Greenidge mo.* 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 *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 _____

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *June 21 1857*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
73 4 26

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work. *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) *mo*

10. NAME OF FATHER *Elijah Farley*

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

12. MAIDEN NAME OF MOTHER *Mary Hewitt*

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

14. INFORMANT *W B Farley* (Address) *Sedalia mo*

15. FILED *11-19-30* *J. J. Love* REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *Nov 17 1930*

17. I HEREBY CERTIFY, That I attended deceased from *11-13*, 19*30*, to *11-17*, 19*30*, that I last saw h. *alive* on *11-17*, 19*30*, and that death occurred, on the date stated above, at *8:46 a.m.*

THE CAUSE OF DEATH* WAS AS FOLLOWS: *Coronary Thrombosis*
30 Gallium operculum
600 Aspirin leg for
600 Aspirin (Thrombosis)
(duration) yrs. mos. ds. *6 ds.*

CONTRIBUTORY (SECONDARY) *arteriosclerosis*
cardiac L.? (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED? *at home*
IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? *no* DATE OF *11-17-30*
WAS THERE AN AUTOPSY? *no*

WHAT TEST CONFIRMED DIAGNOSIS? *dissected heart*
(Signed) *Alfred G. Moore* M. D.
11-19, 1930 (Address) *Sedalia 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 *Farmer* DATE OF BURIAL *11/18 1930*

20. UNDERTAKER *Bellespin* ADDRESS *Sedalia*

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.

UEC 22 1930

