

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

Do not use this space.

5601

1. PLACE OF DEATH
 County Jackson Registration District No. 333
 Township New Primary Registration District No. 242
 City Kansas City (No. 3301 Highland) St. _____ Ward _____

2. FULL NAME Mrs Addie Mildred Farley
 (a) Residence No. 3301 Highland St. 13 Ward 2
 (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.

File No. _____
 Registered No. 692
 St. _____ Ward _____

PERSONAL AND STATISTICAL PARTICULARS

3 SEX female

4. COLOR OR RACE white

5. SINGLE, MARRIED, WIDOWED OR DIVORCED widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Frank L. Farley

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 15-1861

| | | | | |
|---------------|--------------|---------------|-------------|---|
| 7. AGE | YEARS | MONTHS | DAYS | IF LESS than 1 day, hrs. or min. |
| | <u>69</u> | <u>5</u> | <u>27</u> | |

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Home
 (b) General nature of industry, business, or establishment in which employed (or employer) Invalid 138
 (c) Name of employer 14 years

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Saline Co Mo.

10. NAME OF FATHER Nicholas Huston

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

12. MAIDEN NAME OF MOTHER Columbus Howard

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

MEDICAL CERTIFICATE OF DEATH Thursday

16. DATE OF DEATH (MONTH, DAY AND YEAR) Febr. 12 1931

17. I HEREBY CERTIFY, that I attended deceased from 1 10 31 **to** 2 12 31 **19** 1931
 that I last saw him alive on 2 12 31 **19** 1931 and that death occurred, on the date stated above, at 2:30 p.m.

THE CAUSE OF DEATH WAS AS FOLLOWS:
Intestinal Obstruction from pelvic tumor
CA probably
Chronic Hypertrophic

CONTRIBUTORY (SECONDARY) Chronic Hypertrophic
 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED Overland

IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? _____ **DATE OF** _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS? Biopsy
 (Signed) [Signature] M. D.
13, 1931 (Address) Argyresty

*State the DISEASE CAUSING DEATH, or if death is from VIOLENT CAUSES state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

14. INFORMANT Mrs Percy Allen
 (Address) 3217 P Wayne

15. FILED 2/13, 1931 M.M. Corowe
 REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Forest Hill **DATE OF BURIAL** Febr 14 1931

20. UNDERTAKER Oxley Funeral Home 1800 Linwood **ADDRESS** _____

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.

Carroll P. ...

P. Hi 4746 Res 5930 Oakwood Road.

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