

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.

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

Do not use this space.

MAR 25 1931

6287

1. PLACE OF DEATH

County Madison  
Township  
City Fredericktown Mo (No. \_\_\_\_\_)

Registration District No. 938  
Primary Registration District No. 3029

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ (Ward) \_\_\_\_\_

2. FULL NAME William H. Farrar

(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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Wid

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 3, 1859

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
71 | 9 | 20 | \_\_\_\_\_

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Banker 191  
(b) General nature of industry, business, or establishment in which employed (or employer) Bank of Fredericktown Mo  
(c) Name of employer \_\_\_\_\_

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

10. NAME OF FATHER Robert Farrar

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

12. MAIDEN NAME OF MOTHER Missouri Abernethy

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

14. INFORMANT Lynnan Farrar  
(Address) Fredericktown, Mo.

15. 228 H. O. Wheeler  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 23 1931

17. I HEREBY CERTIFY, That I attended deceased from Feb 12, 1931, to Feb 23, 1931 (that I last saw him alive on Feb 30, 1931), and that death occurred, on the date stated above, at \_\_\_\_\_.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Lobar Pneumonia  
IIA (Lower Left)  
108 (duration) yrs. mos. 3 da.

CONTRIBUTORY (SECONDARY) L. Griffe  
(duration) yrs. mos. 9 da.

18. WHERE WAS DISEASE CONTRACTED \_\_\_\_\_  
IF NOT AT PLACE OF DEATH \_\_\_\_\_  
DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_  
WAS THERE AN AUTOPSY? \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS? \_\_\_\_\_  
(Signed) J. O. O'Flaherty, M. D.  
Feb 24 1931 (Address) Fredericktown 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 J. O. O. F. Cem. City DATE OF BURIAL Feb 25 1931

20. UNDERTAKER Ed. H. Webb, Fredericktown, Mo. ADDRESS \_\_\_\_\_

