

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

Do not use this space.

20385

1. PLACE OF DEATH

County Webster
Township East Dallas
City Diggins (No.)

Registration District No. 898
Primary Registration District No. 6204

File No.
Registered No. 11
St. Ward)

2. FULL NAME

Dawie Jr. Farless

(a) Residence, No. St. Ward.
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mbs. 15 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) Single
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 16 1931
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
2 15

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Secum Mo 1
13. NAME Dawie Farless
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Linton Co. Kentucky
15. MAIDEN NAME Loveta Milton
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Linton Co. Kentucky

17. INFORMANT Dawie Farless (ADDRESS) Diggins Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE Masonic Cem DATE May 2 1931

19. UNDERTAKER Kelley Ferrell (ADDRESS) Secoria Mo
20. FILED 5-2 1931 John W. Hood Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-1 1931
22. I HEREBY CERTIFY, That I attended deceased from 4-20, 1931, to 5-1, 1931.
I last saw h.e. alive on 4-30, 1931. Death is said to have occurred on the date stated above, at 2 am.
The principal cause of death and related causes of importance were as follows:

Erysipelas
Gangrene of scrotum
1583
9813
Other contributory causes of importance:
15

Date of onset 4-16-31
4-28-31

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify (Signed) Urban Busch, M. D.
(Address) Springfield Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

JUN 29 1931

