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.

JUL 28 1931

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

Do not use this space.

24065

1. PLACE OF DEATH

County Wayne — Registration District No. 891 — File No.

Township ~~Benton~~ — Primary Registration District No. 4540 — Registered No. 17

City Piedmont (No. , St. Ward)

2. FULL NAME Clara Alice Farr

(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: John William Farr

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 27, 1874

7. AGE: Years 56 — Months 11 — Days 1 — If LESS than 1 day, hrs. or min.

OCCUPATION

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.: Housework 2 99
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): Missouri

FATHER

13. NAME: John Edwards Gilmer
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

MOTHER

15. MAIDEN NAME: Nancy Ann Smith
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

17. INFORMANT (ADDRESS): Stella Ruth Grider, Bismarck Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Masonic Cem. DATE June 30 1931

19. UNDERTAKER (ADDRESS): Norman W. Gish

20. FILED 6/30 1931 T. C. Piles M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June 28, 1931

22. I HEREBY CERTIFY, That I attended deceased from June 17, 1931, to June 28 1931, 19
I last saw her alive on June 27th, 1931 Death is said to have occurred on the date stated above, at 5:20 m A.M.
The principal cause of death and related causes of importance were as follows:

Faty Degeneration of Heart. — Date of onset

Other contributory causes of importance:

Name of operation — Date of
What test confirmed diagnosis? Phys. Exam. Was there an autopsy? N

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?
If so, specify
(Signed) T. C. Piles, M. D.
(Address) Piedmont, Mo.