

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

Do not use this space.

25253

**1. PLACE OF DEATH**

County Jackson Registration District No. 399  
 Township Kaw Primary Registration District No. 1002  
 City Kansas City (No. 4007 Hyde Park Ave) St. 3254 Ward

**2. FULL NAME**

Florence Farley  
 (a) Residence No. 4007 Hyde Park Ave. St. 3254 Ward. (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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 25 1858

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
72 3 3

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

9. BIRTHPLACE (CITY OR TOWN) Pa  
 (STATE OR COUNTRY)

**PARENTS**  
 10. NAME OF FATHER James Ensminger  
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Pa  
 (STATE OR COUNTRY)  
 12. MAIDEN NAME OF MOTHER Hannett Coffman  
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Pa  
 (STATE OR COUNTRY)

14. INFORMANT Geo Farley (Son)  
 (Address) 1320 E 30th

15. July 29 1931 M. M. Crowe  
 REG. REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 28 - 1931

17. I HEREBY CERTIFY, That I attended deceased from May 9/ at to July 28 1931 that I last saw her... alive on July 28, 1931, and that death occurred, on the date stated above, at 6 P.M. m.

**THE CAUSE OF DEATH WAS AS FOLLOWS:**

Cerebral Hemorrhage  
82A  
97 (duration) 1 yrs. 1 mos. 28 ds.

CONTRIBUTORY (SECONDARY) arterial sclerosis  
 (duration) 6 yrs. 4 mos. 4 ds.

18. WHERE WAS DISEASE CONTRACTED W  
 IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF  
 WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS Physical examina-  
tion & autopsy  
 (Signed) Mary J. Fowler M. D.  
7/29/31 (Address) 4116 Walnut K.C. 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 Forest Hill Cem DATE OF BURIAL 7/31 1931

20. UNDERTAKER H.C. Bergman ADDRESS K.C. Mo.

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.

