

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

Do not use this space.

25344

1. PLACE OF DEATH

County Jackson
Township Washington
City Washington (No. 7900, Indiana)

Registration District No. 404
Primary Registration District No. 555-8

File No. _____
Registered No. 49 St. _____ Ward _____

2. FULL NAME

Eugene A. McFarland

(a) Residence, No. 7900 Indiana St., _____ Ward _____
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Mollie J. McFarland

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 8, 1867

7. AGE YEARS 64 MONTHS 6 DAYS 17 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Traveling Salesman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. (Retired 4 years)
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) Lucas Co., Iowa

FATHER 13. NAME Capt. James H. McFarland

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pennsylvania

MOTHER 15. MAIDEN NAME Mira O. Struch

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

17. INFORMANT Mrs. Mollie J. McFarland (ADDRESS) 7900 Indiana

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Washington DATE July 27, 1931

19. UNDERTAKER D. H. Thayer & Sons (ADDRESS) 211 E. 7th

20. FILED July 27, 1931 Fred R. Sundry Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 25, 1931

22. I HEREBY CERTIFY, That I attended deceased from July 10, 1931, to July 25, 1931
I last saw him alive on July 24, 1931. Death is said to have occurred on the date stated above, at 12 AM.
The principal cause of death and related causes of importance were as follows:

Chemia 131
132
133
Date of onset July 15-31

Other contributory causes of importance:

Interstitial nephritis

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

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no Date of injury no, 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) A. M. C. [Signature], M. D.
(Address) 318 [Address]

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.

AUG 26 1931

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