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.

SEP 24 1931

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

Do not use this space.

28895

1. PLACE OF DEATH
County Montgomery
Registration District No. 938
Township
Primary Registration District No. 5786
City Mineola Mo (No. , St. Ward)

File No.
Registered No.

2. FULL NAME James P. Farris
(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 4 yrs. mos. 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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3/25/1856

7. AGE: YEARS 75 MONTHS 5 DAYS 4 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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) Aug 29th 1931
11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Near Fulton Mo

FATHER
13. NAME George Farris
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

MOTHER
15. MAIDEN NAME Un Known
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Mrs Joyce Love Mineola Mo

18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE Bryant Cemetery DATE 8/31/31 19

19. UNDERTAKER (ADDRESS) Cw Hof Dir Montgomery City Mo

20. FILED Aug 30 1931 J E Gibson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 29 1931

22. I HEREBY CERTIFY, That I attended deceased from Aug. 29, 1931, to Aug. 29, 1931
I last saw him alive on Aug. 29, 1931. Death is said to have occurred on the date stated above, at 8 P.M.
The principal cause of death and related causes of importance were as follows:

Accident: Fracture of the skull, fracture of right shoulder and fracture of right wrist.
VIOM

Date of onset

Other contributory causes of importance
210

Name of operation Date of
What test confirmed diagnosis? Chys. Exam Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury Aug 29, 1931
Where did injury occur? Mineola, Missouri (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
On bridge on highway #40
Manner of injury Struck by automobile
Nature of injury Fracture of the skull

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Bruce Menefee, M. D.
(Address) Montgomery City, Mo