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.

NOV 26 1931

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

Do not use this space.

35523

1. PLACE OF DEATH
County St Francois — Registration District No. 779 — File No.
Township Randolph — Primary Registration District No. 6024a. — Registered No.
City Desloge (No. , St. Ward)

2. FULL NAME Elizabeth Susan McFarland
(a) Residence, No. Desloge Mo St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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: Female
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: James McFarland
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 14 - 1848
7. AGE: YEARS 83 — MONTHS 5 — DAYS 16 — 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. house work
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): North Carolina

FATHER
13. NAME: Hampton Blankenship
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): North Carolina

MOTHER
15. MAIDEN NAME: Sarah Taylor
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): North Carolina

17. INFORMANT (ADDRESS): Mrs. Bettie Walsh, Desloge Missouri
18. BURIAL, CREMATION, OR REMOVAL
PLACE Knoblake DATE Nov 1 - 1931
19. UNDERTAKER (ADDRESS): C. Z. Boyer, Desloge Mo.
20. FILED 11-1 1931 R. B. Lister, Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Oct. 30, 1931
22. I HEREBY CERTIFY, That I attended deceased from Aug - 11, 1931, to Oct 30, 1931
I last saw her alive on Oct - 29, 1931. Death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Aneurism of arch of aorta	1929
96	
97	
96	
Other contributory causes of importance:	
Arteriosclerosis	1922

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

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) N. M. Fuchs, M. D.
(Address) Desloge Mo