

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

Do not use this space.

37738

1. PLACE OF DEATH

County Jackson Registration District No. 399
 Township Raw Primary Registration District No. 1002
 City Kansas City, MO. (No. 3241, Michigan) St. 13 Ward.

File No. _____
 Registered No. 4004
 St. _____ Ward _____

2. FULL NAME

Mr. Cyrus L. Farnsworth

(a) Residence, No. 3241 Michigan St. 13 Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. 13 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 wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-1-1872

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
59 9 15

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) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Blairstown, Mo.

13. NAME Christopher Lotz Farnsworth

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Greenville Tenn.

15. MAIDEN NAME Caroline George

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Greenville Tenn.

17. INFORMANT (ADDRESS) J. Farnsworth 3241 Michigan

18. BURIAL, CREMATION, OR REMOVAL PLACE Garden City, Mo. DATE 11/16 '31

19. UNDERTAKER (ADDRESS) Jack Goldman Holden, Mo.

20. FILED 11/17 '31 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 16, 1931

22. I HEREBY CERTIFY That I attended deceased from August 17, 1931, to November 16, 1931
 I last saw him alive on November 16, 1931. Death is said to have occurred on the date stated above, at 7:45 p.m.

The principal cause of death and related causes of importance were as follows:

Hodgkins Disease involving cervical, abdominal and inguinal glands Date of onset May 1931

Other contributory causes of importance: 7-20

Name of operation Gland removed 8-20-1931
 What test confirmed diagnosis Cervical & inguinal glands Date of _____
 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) Joseph E. Welker M. D.
 (Address) 836 Professional Bldg Kansas City, Mo.

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.

