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

Do not use this space.

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1. PLACE OF DEATH 16
County Cape Girardeau — Registration District No. 129 — File No.
Township Shawnee — Primary Registration District No. 5180 — Registered No. 1
City (No. St. Ward)

2. FULL NAME Richard Claud Farrow
(a) Residence. No. Cape Gir Co Mo St., Ward.
(Usual place of abode) (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.

FEB 23 1932

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Infant
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Infant
6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 27 - 1930
7. AGE: Years 1 — Months 5 — Days 8 — If LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Infant
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cape Gir Co Mo
PARENTS
10. NAME OF FATHER: Claud Farrow
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Cape Gir Co Mo
12. MAIDEN NAME OF MOTHER: Laura Ward
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Cape Gir Co Mo
14. INFORMANT: Claud Farrow
(Address) R1 Cape Gir Mo
15. FILED 1-5-1931 F. J. Schoen REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 4 1932
17. I HEREBY CERTIFY, That I attended deceased from Jan 3, 1932, to Jan 4, 1932, that I last saw him alive on Jan 3, 1932, and that death occurred, on the date stated above, at 4:50 P.m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
107A Bronchial Pneumonia
(duration) yrs. mos. 5 ds.
CONTRIBUTORY (SECONDARY) Malnutrition
(duration) yrs. 6 mos. ds.
18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 107A
DID AN OPERATION PRECEDE DEATH? No. DATE OF
WAS THERE AN AUTOPSY? 1
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) O J Miller, M. D
1/5/1932 (Address) Egypt Mills 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: Indian Creek Cem — DATE OF BURIAL: 1-5-1932
20. UNDERTAKER: ~~Hom~~ Harrison Funeral Home — ADDRESS: Cape Girardeau Mo