

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

Do not use this space.

2080

1. PLACE OF DEATH

86 County Putnam Registration District No. 714
 4 Township _____ Primary Registration District No. 6430
 2 City Murphyville (No. _____) St. _____ Ward _____

File No. _____
 Registered No. 3

2. FULL NAME

John H. Farnsworth
 (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 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) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Laura Farnsworth
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April - 1 - 1843
 7. AGE YEARS 88 MONTHS 9 DAYS 15 If LESS than 1 day,hrs. ormin.

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. Farm
 10. Date deceased last worked at this occupation (month and year) Feb 1908 11. Total time (years) spent in this occupation 15

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Manage Co Ohio

MOTHER FATHER 13. NAME David Farnsworth

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

15. MAIDEN NAME Brewer

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

17. INFORMANT Mrs Laura Farnsworth (ADDRESS) Murphyville Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Murphyville DATE Jan 18 1932

19. UNDERTAKER Central Service Co (ADDRESS) Murphyville Mo

20. FILED Jan 16 1932 J. H. Palmer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 16 1932
 22. I HEREBY CERTIFY That I attended deceased from Aug 4 1931 to Jan 16 1932
 I last saw him alive on Jan 14 1932 Death is said to have occurred on the date stated above, at 7:30 pm.
 The principal cause of death and related causes of importance were as follows:

Cause of Bladder
 Other contributory causes of importance:
5/10 ①

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? _____
 If so, specify _____
 (Signed) E. J. Montgomery, M. D.
 (Address) Unionville Mo

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.

WHITE PAPER, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MAR 24 1932

