

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.

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

Do not use this space.

2399

1. PLACE OF DEATH

County.....

Registration District No. 757

Township.....

Primary Registration District No. 1000

City *St Louis*

(No. *1000*)

File No.

Registered No. *50*

St.

Ward

2. FULL NAME *Randall Roy Farber*

(a) Residence, No. *403 N. Rider Blvd* St. *12* Ward. *Independence Mo*  
(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

*Jessie Farber*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

*Sept 2 1890*

7. AGE

YEARS

*41*

MONTHS

*3*

DAYS

*29*

IF LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

*Traveling Salesman*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

*Hardware 136*

10. Date deceased last worked at this occupation, (month and year)

*7 31*

11. Total time (years) spent in this occupation

*11*

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

*Mineral City Ohio*

FATHER

13. NAME

*John E Farber*

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

*Mineral City Ohio*

MOTHER

15. MAIDEN NAME

*Alice Mary Alwal*

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

*Unknown Ohio*

17. INFORMANT (ADDRESS)

*Jessie Farber Independence Mo*

18. BURIAL, CREMATION, OR REMOVAL

PLACE

*Independence Mo*

DATE

*1 31*

19. UNDERTAKER (ADDRESS)

*Chapman Funeral Home Independence Mo*

20. FILED

*13N - 2 1932*

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

*2 - 1 1932*

22. I HEREBY CERTIFY, That I attended deceased from *1 - 17*, 1932, to *1 - 1*, 1932

I last saw him alive on *1 - 1*, 1932 Death is said to have occurred on the date stated above, at *9:30* p.m.

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

*Large abscess - right lower tubercular*  
*cause unknown*

Date of onset *1919*

Other contributory causes of importance:

*Amplified disease of Kidneys  
Chronic nephritis  
Anemia*

Name of operation *Thoracostomy*

Date of *11-28-31*

What test confirmed diagnosis? *Operation* Was there an autopsy? *yes*

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)

*Randall E. Hatten*

(Address)

*600 Highway 11, Mo.*

