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

Do not use this space.
7986

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1. PLACE OF DEATH
County: Franklin — Registration District No.: 290
Township: Tatum — Primary Registration District No.: 5408
City: ..... (No. ....., ... St. ..... Ward)

File No.: 1
Registered No.: 12-32

2. FULL NAME: Ursie Lee McFarlane

(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: Female
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): Feb 22, 1931

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
1		13	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: X
(b) General nature of industry, business, or establishment in which employed (or employer): X
(c) Name of employer: X

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Franklin County Mo

PARENTS
10. NAME OF FATHER: H. C. McFarlane
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Fulton County Ark
12. MAIDEN NAME OF MOTHER: Louie D. Smith
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Franklin County Mo

14. INFORMANT: H. C. McFarlane
(Address): Sinai Mo R.R. #3

15. FILED 3-9, 1932 — A. Pennington M.D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): March 7 1932

17. I HEREBY CERTIFY, That I attended deceased from Mch-2-, 1932, to March-2-, 1932, that I last saw h. alive on March-2-, 1932, and that death occurred, on the date stated above, at 2:30 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Diphtheria
10 (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) 10
..... (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED: 1
IF NOT AT PLACE OF DEATH: .....
DID AN OPERATION PRECEDE DEATH? No. DATE OF .....
WAS THERE AN AUTOPSY? No.
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) E. Bosse, M. D.
, 19 (Address) Gerdine 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: McGee Cemetery — DATE OF BURIAL: March 7 1932
20. UNDERTAKER: McDaniel Funeral Home — ADDRESS: Sinai 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.

[redacted] 22 1932