

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.

APR 27 1932

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

Do not use this space.

8885

1. PLACE OF DEATH  
 49 County Jasper Registration District No. 411  
 7 Township Jackson Primary Registration District No. 2007  
 5 City Jackson (No. 625) St. Mo Ward   
 File No. 3  
 Registered No.

2. FULL NAME Mrs Mattie Farrar  
 (a) Residence, No.  St.  Ward.   
 (Usual place of abode)  
 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. (If not resident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Tom Farrar

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JAN 29 - 1880

7. AGE YEARS 51 MONTHS 1 DAYS 4 If LESS than 1 day, hrs. or min.

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. house-keeper  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235  
 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) Jasper Co. Mo

FATHER  
 13. NAME Walter Meadow  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

MOTHER  
 15. MAIDEN NAME Cootey  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No record

17. INFORMANT (ADDRESS) Family 625-14  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Springfield, Mo DATE 4-25-32  
 19. UNDERTAKER (ADDRESS) Wheeler & Co  
 20. FILED 4/25 1932 W. Benson Clark Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 4 - 1932

22. I HEREBY CERTIFY That I attended deceased from Apr 4 - 1932 to Apr 4 - 1932  
 I last saw deceased 3-4-32 Death is said to have occurred on the date stated above, at about 3 A.M.  
 The principal cause of death and related causes of importance were as follows:  
Heart Block Date of onset 3/4/32  
arterio-sclerosis  
 Other contributory causes of importance:  
(E)  
 Name of operation  Date of   
 What test confirmed diagnosis? nothing Was there an autopsy? no

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) Sam Simmons, M. D.  
 (Address) Corner Jasper Co.

