

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

Do not use this space.

9570

1. PLACE OF DEATH

80 County Putnam
Township Wesden
City _____ (No. _____)

Registration District No. 672
Primary Registration District No. 5892

File No. _____
Registered No. 1
St. _____ Ward _____

2. FULL NAME

William A. Farris

(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. 1 mos. _____ ds. How long in U.S., if of foreign birth? yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Rosa Adams Farris

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug - 30 = 1946

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
85 6 9

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Ky. 2
(STATE OR COUNTRY)

10. NAME OF FATHER Robert Farris

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ky.
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Went known

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) SI
(STATE OR COUNTRY)

14. INFORMANT Geo. V. Farris
(Address) R - 9. Sedalia mo

15. FILED 3-4-32 J. Evans
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar = 29 1932

17. I HEREBY CERTIFY, That I attended deceased from Mar 25 1932 to Mar 29, 1932
that I last saw him alive on Mar 29, 1932, and that death occurred, on the date stated above, at 12:45 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Probably mental degeneration
several years (duration) yrs. _____ mos. _____ ds.

CONTRIBUTORY (SECONDARY) 920
(duration) yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) J. E. Smith, M.D.
, 19 _____ (Address) Sedalia 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 Carrie Chgo DATE OF BURIAL Mar 30 1932

20. UNDERTAKER B. F. Farris ADDRESS 1011 1/2

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.

MAY 26 1932

