

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

Do not use this space.

36186

1. PLACE OF DEATH

51 County Johnson, Registration District No. 431
6 Township Warrensburg, Primary Registration District No. 3023
7 City Warrensburg, (No., St. Ward)

2. FULL NAME Albert W. McFarland

(a) Residence, No. 620 College St. Ward.
(Usual place of abode)
Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 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 Hattie McFarland

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 4 1878

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hra. ormin.
54 9 24

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Henry Co., Mo (STATE OR COUNTRY) 1

FATHER 13. NAME Wm J. McFarland

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

MOTHER 15. MAIDEN NAME Elizabeth Mitchell

16. BIRTHPLACE (CITY OR TOWN) South Carolina, (STATE OR COUNTRY)

17. INFORMANT Courtney McFarland (ADDRESS) Warrensburg, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Carpenter Cem DATE Nov. 30. 1932

19. UNDERTAKER Sweeney-Phillips, (ADDRESS) Warrensburg,

20. FILE NO. Nov 30 1932 Wm R. Patterson Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 28 1930

22. I HEREBY CERTIFY, That I attended deceased from 19..... to 19.....
I last saw him alive on Nov 26 1932 Death is said to have occurred on the date stated above, at 3 P m.
The principal cause of death and related causes of importance were as follows:

Sudden death from Angina Pectoris
9404 9404
Date of onset:

Other contributory causes of importance:

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 (1)

24. Was disease or injury in any way related to occupation of deceased? If so, specify 24K Pectoris
(Signed) Wm R. Patterson, M. D.
(Address) Warrensburg, 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

