

WHITE FAMILY WITH UNFADING INK---THIS IS A PERMANENT RECORD

MAR 24 1933

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.

1. PLACE OF DEATH

County Buchanan Registration District No. 85  
Township \_\_\_\_\_ Primary Registration District No. 1001  
City St. Joseph (No. Missouri Methodist Hospital) St. \_\_\_\_\_ Ward \_\_\_\_\_

4814

File No. \_\_\_\_\_  
Registered No. 210

2. FULL NAME Stella Farnsworth

(a) Residence, No. 2333 south 4th street St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred 40 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) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Edwin Farnsworth

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 8, 1859

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
73 11 12

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home  
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) (STATE OR COUNTRY) Greenville Ill.

13. NAME Jim MacDowell

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

15. MAIDEN NAME Amanda MacDowell

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

17. INFORMANT Mrs Grace Wilkinson  
(ADDRESS) 1823 Clay st St Joseph Mo.

18. BURIAL, CREMATION, OR REMOVAL Mt Mora Cemetery  
PLACE St Joseph Mo. DATE Febr. 1933

19. UNDERTAKER H. C. Didenyadew  
(ADDRESS) 1802 Union st St Joseph Mo.

20. FILED FEB 21 1933 John R. Bender  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 20, 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 18, 1933, to Feb 20, 1933

I last saw her alive on Feb 20, 1933. Death is said to have occurred on the date stated above, 12-45P m.  
The principal cause of death and related causes of importance were as follows:

Carcinoma of Cervix  
U8  
93A  
Other contributory causes of importance: Acute Myocarditis July, 1932

Name of operation None Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ 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) Arvid W. Craig, M. D.  
(Address) 204 P. S. Bldg.

