

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

Do not use this space.

7021

1. PLACE OF DEATH

64 County St. Francois
Township St. Francois
Near City Farmington, Mo. (No. _____, St. _____ Ward _____)

Registration District No. 773
Primary Registration District No. 6018A

File No. _____
Registered No. 18

2. FULL NAME William Farrow

(a) Residence, No. Jackson, Mo. 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 nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Caroline Aehkopf

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 29, 1887

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. min.
45 4 4

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming
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) Jackson Mo.

FATHER 13. NAME Alfred Farrow

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Louisiana

MOTHER 15. MAIDEN NAME Elizabeth Welty

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Appleton, Mo.

17. INFORMANT Hospital Records
(ADDRESS) Farmington, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mo. Lamo Cem. DATE Feb 5 - 1933

19. UNDERTAKER Hammans Funeral Home
(ADDRESS) Cape Girardeau Mo.

20. FILED Feb 3 1933 T. J. Rabun
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 3, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 19, 1933, to Feb 3, 1933. I last saw him alive on Feb 3, 1933. Death is said to have occurred on the date stated above, at 3:30 p. m.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia Date of onset 1-31-33

Other contributory causes of importance:

mauve phase of
mauve Depressed Psychosis

Name of operation _____ Date of _____
What test confirmed diagnosis? clinical 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? _____
If so, specify _____

(Signed) P. S. Jahn M. D.
(Address) Hosp. # 4 Farmington Mo.

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.

RESERVED FOR BINDING

