

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

Do not use this space.

10569

1. PLACE OF DEATH

County Perry Registration District No. 662
Township Salem Primary Registration District No. 5880
City (No. _____) St. _____ Ward _____

File No. _____
Registered No. 2

2. FULL NAME

Henry Vasemann Farrar, Mo.
(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. mos. ds. How long in U. S., if of foreign birth? 65 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR, OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Emma Weissman</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>January 31 - 1855</u>		
7. AGE <u>78</u> YEARS	MONTHS <u>2</u>	DAYS <u>2</u>
If LESS than 1 day, _____ hrs. or _____ min.		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>		
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 <u>57 yrs</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>		
13. NAME <u>John Vasemann</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>		
15. MAIDEN NAME <u>Maria Sticker</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>		
17. INFORMANT <u>Walter Vasemann Farrar Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Farrar Mo.</u> DATE <u>April 22, 1933</u>		
19. UNDERTAKER <u>Arthur Faust</u> (ADDRESS) <u>Franklin Mo.</u>		
20. FILED <u>Apr 18 1933</u> <u>J. De Lasus</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3 - 31 , 1933

22. I HEREBY CERTIFY, That I attended deceased from 3/10 - 1933, to 3/31 , 1933
I last saw him alive on 3/31 , 1933. Death is said to have occurred on the date stated above, at 2 P. M.
The principal cause of death and related causes of importance were as follows:
Nasemic Poison
Due to enlarged
Prostate gland.
189
1932 1937
Other contributory causes of importance:

Date of onset	<u>3-10-32</u>
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Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____
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) E. A. Palinch , M. D.
(Address) Franklin, 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.

MAY 22 1933

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