

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

Do not use this space.

15583

1. PLACE OF DEATH

1 County Adair
2 Township
7 City Kirksvill (No.)

Registration District No. 4
Primary Registration District No. 3001

File No.
Registered No. 97
St. Ward)

2. FULL NAME

William Dennis McFarland
(a) Residence, No. 1110 S. Osterpathy 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? yrs. mos. ds.

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 Flora A. McFarland

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-8-1876

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
57 3 17

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Sweet
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) Missouri

MOTHER FATHER
13. NAME James L. McFarland

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

15. MAIDEN NAME Margret E. Healey

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

17. INFORMANT Flora A. McFarland
(ADDRESS) 1110 S. Osterpathy, Kirksvill

18. BURIAL, CREMATION, OR REMOVAL
PLACE Rose Cem. DATE 5-27-1933

19. UNDERTAKER Dee Riley
(ADDRESS) Kirksvill Mo

20. FILED 5-28-1933 Mrs. C. H. Becke
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 28, 1933

22. I HEREBY CERTIFY That I attended deceased from Mar 24, 1933, to Mar 25, 1933
I last saw him alive on Mar 25, 1933 Death is said to have occurred on the date stated above, at 1:10 a m
The principal cause of death and related causes of importance were as follows:

Date of onset
cerebral Hemorrhage 5/14
Other contributory causes of importance
Arterio Sclerosis

Name of physician J. D. Adair Date of physical findings 5/14
What test confirmed diagnosis? Was there any other diagnosis?

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 Roy M. Wolf M. D.
(Signed) Roy M. Wolf
(Address) Kirksvill 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.

JUN 20 1933

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