

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

Do not use this space.

20601

File No. _____
Registered No. 5-8
St. _____ Ward _____

1. PLACE OF DEATH

County Pemissas Registration District No. 681
Township Little Paris Primary Registration District No. 862
City _____ (No. _____) St. _____ Ward _____

2. FULL NAME

A. J. Farris
(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? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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 _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-16-1838

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
94 8 24

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm

10. Date deceased last worked at this occupation (month and year) unknown 11. Total time (years) spent in this occupation 7 1/2

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) D.K.

13. NAME D.K.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) D.K.

15. MAIDEN NAME D.K.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) D.K.

17. INFORMANT (ADDRESS) John Farris

18. BURIAL, CREMATION, OR REMOVAL: PLACE Wash Cemetery DATE 6-11-33

19. UNDERTAKER (ADDRESS) L. H. Smith

20. FILED July 12, 1933 Elda Martin Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-10-1933

22. I HEREBY CERTIFY, That I attended deceased from 6-8-1933 to 6-10-1933

I last saw him alive on 6-10-1933 Death is said to have occurred on the date stated above, at 4:10 m.

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

Senile
162
162
Other contributory causes of importance: _____

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) J. B. Lutten, M. D.
(Address) Carterville

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.

AUG 2 1933

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