

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

113 County Worth
Township Worth
City Worth (No. 1112)

Registration District No. 1112
Primary Registration District No. 6213

File No. **22184**

Registered No. _____
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____
(Usual place of abode)

St. _____ Ward _____

(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 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 24, 1733

7. AGE YEARS MONTHS DAYS If LESS than 1 day, 2 hrs. or 2 min.

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

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) Worth Mo.

13. NAME Roy Farr

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Alanthus Missouri

15. MAIDEN NAME Ethel Barnes

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Worth Missouri

17. INFORMANT (ADDRESS) Mrs. Franklin Barnes

18. BURIAL, CREMATION, OR REMOVAL

PLACE Barnes Cem. DATE June 25 1933

19. UNDERTAKER (ADDRESS) G. W. Mathews

20. FILED Aug 24 1933 W. H. A. Andrew Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-24 1933

22. I HEREBY CERTIFY, That I attended deceased from 6-24 1933 to 6-24 1933

I last saw him alive on 6-24 1933 Death is said

to have occurred on the date stated above, at 5:00 p.m.

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

See machine Birth Date of onset

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ 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 _____ 1933

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 V

Nature of injury V

24. Was disease or injury in any way related to occupation of deceased? V

If so, specify Spinal

(Signed) G. W. Mathews M. D.

(Address) Worth Mo.

