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.

OCT 20 1933

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

Do not use this space.

29116

1. PLACE OF DEATH
County Clinton — Registration District No. 204 — File No.
Township — Primary Registration District No. 3013 — Registered No. 40
City Cameron (No. , St. Ward)

25 / 1 / 4

2. FULL NAME Robert Nelson McFarland

(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)
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: widower
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct - 1851
7. AGE: YEARS 81 — MONTHS 11 — DAYS X — If LESS than 1 day, hrs. or min.

OCCUPATION
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.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

2 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Illinois

FATHER
13. NAME: Nelson McFarland
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ill.

MOTHER
15. MAIDEN NAME: Margarita McFarland
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ill.

17. INFORMANT (ADDRESS): Sarah M. Powell, El Reno Okla

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Sapulpa, Oklas DATE: Sept 7, 1933

19. UNDERTAKER (ADDRESS): J. W. Poland, Cameron Mo

20. FILED: 9/4, 1933 Dr. O. H. Risley, Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Aug 30, 1933, to Sept 3, 1933
I last saw him alive on Sept 3, 1933. Death is said to have occurred on the date stated above, at 2:50 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Apoplexy	

Other contributory causes of importance:

Name of operation: Dam — 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, 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? no
If so, specify
(Signed) J. A. Franklin, M. D.
(Address) Cameron Mo