MAY 25 1934

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

Do not use this space.

12591

File No. 188

Registered No.

1. PLACE OF DEATH

County Greene — Registration District No. 318

Township ~~Campbell~~ — Primary Registration District No. 2001

City Springfield (No. , St. Ward)

2. FULL NAME Anna Berenice Farmer

(a) Residence, No. 2356 N. Freemont St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 15, 1910

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	24	2	12	

OCCUPATION

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) Hoyt, Kansas

FATHER

13. NAME Claude Farmer

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Willard, Missouri

MOTHER

15. MAIDEN NAME W. Aline Baker

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Slater, Missouri

17. INFORMANT (ADDRESS) Mrs Claude Farmer 2356 N. Freemont, Springfield

18. BURIAL, CREMATION, OR REMOVAL

PLACE Wesley's Cem. DATE Apr. 29, 1934

19. UNDERTAKER (ADDRESS) Greenwade Funeral Home Willard, Missouri.

20. FILED 4-28, 1934 John W. Williams Jr. Registrar
Ralph W. Lang Jr.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 27, 1934

22. I HEREBY CERTIFY, That I attended deceased from June, 1931, to Apr 27, 1934

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at 9.50 P.M.

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

Pulmonary Tuberculosis — Date of onset 1929

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) A H Max Fitch, M. D.

(Address) Springfield Mo

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.

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