MAY 25 1934

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

Do not use this space.

14423

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 3597

City St Louis (No. City Hosp. St. ..... Ward)

2. FULL NAME 21283 Shirley Farrar

(a) Residence, No. 2713 J McNair St., 23 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 0 yrs. 7 mos. 19 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F

4. COLOR OR RACE W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 20 - 33.

7. AGE YEARS 0 MONTHS 7 DAYS 19. If LESS than 1 day, ... hrs. or ..... min.

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) St Louis Mo.

FATHER

13. NAME Pashel Farrar

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

MOTHER

15. MAIDEN NAME L. Stevens

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

17. INFORMANT (ADDRESS) Hosp Inf McKeal City Hosp

18. BURIAL, CREMATION, OR REMOVAL

PLACE Oak Hill Cem DATE 4-10 1934

19. UNDERTAKER (ADDRESS) Witt Bro. L & H. Co. 2929 S. Jefferson Ave.

20. FILED APR 10 1934 19 J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/9 1934

22. I HEREBY CERTIFY, That I attended deceased from 3/22, 1934, to 4/9, 1934

I last saw her alive on 4/9, 1934. Death is said to have occurred on the date stated above, at 8 50/9 m.

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

	Date of onset
Otitis media, acute	3/20
Gastro enteritis, acute	3/20
1198	
1196	
8	

Other contributory causes of importance:

Broncho pneumonia	3/31

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical 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? .....

If so, specify .....

(Signed) H. F. Quattrough, M. D.

(Address) City Hosp

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.