WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

MAY 25 1934

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

Do not use this space.

14643

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis (No. 4345, Bates St. ..... St. ..... Ward)

File No. ..... Registered No. 3829

2. FULL NAME Emma Myers Farrar

(a) Residence, No. 4345 Bates St., 15 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 26-1868

7. AGE: YEARS 65 MONTHS 9 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. at Home
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

1 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Palmyra Mo

FATHER

13. NAME David L. Myers

2 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

MOTHER

15. MAIDEN NAME Nancy Scott

1 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Palmyra Mo

17. INFORMANT (ADDRESS) Coburn K Farrar 114 N. 7 St

18. BURIAL, CREMATION, OR REMOVAL PLACE Bellefontaine DATE April 17 1934

19. UNDERTAKER (ADDRESS) C. R. Lupton & Sons 4449 Olive

20. FILED APR 10 1934 19 J. F. Biedeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 15th, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 3, 1933, to Apr 15, 1934

I last saw her alive on Apr 14, 1934 Death is said to have occurred on the date stated above, at 1 50 A.m.

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

Carcinoma Uterus — Date of onset July 1934

48 48

Other contributory causes of importance:

Name of operation Exploratory abdominal Date of 7/18/33

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 no

Nature of injury

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

If so, specify

(Signed) Geo A Mellies, M. D.

(Address) 2743 N. Grand

2743 No Grand
Fr. 3826
12-2 P.M.