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

Do not use this space.

File No. 15890
Registered No. 45

1. PLACE OF DEATH
County Buchanan — Registration District No. 82
Township Washington — Primary Registration District No. 5127
City St. Joseph, Mo. (No. County Infirmary, St. Ward)

2. FULL NAME John Granison McFarland
(a) Residence, No. 1302 South 9th 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 16, 1859

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
74	9	18	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gen. Merchantising
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) Bates County, Missouri

FATHER
13. NAME Randolph McFarland,
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Unknown

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Ireland

17. INFORMANT (ADDRESS) Mack E. Hart, St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Auburn DATE May 7, 1934

19. UNDERTAKER (ADDRESS) Fleeman Mortuary, Inc., St. Joseph, Mo.

20. FILED May 7, 1934 J. J. Brunner Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Apr 10, 1934, to May 2nd, 1934
I last saw him alive on May 2nd, 1934. Death is said to have occurred on the date stated above, at 9 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
13? Asteno Sclerosis	Don't Know
13? Apelitis	
97	

Other contributory causes of importance:

Prostatic Hypertrophy	Don't Know

Name of operation None 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? No
If so, specify
(Signed) A. E. Stolley, M. D.
(Address) 822 Edmond St. Joseph 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.

JUN 20 1934