

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 16 1934

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

Do not use this space.

16212
22
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1. PLACE OF DEATH

County Dade Registration District No. 287
Township Center Primary Registration District No. 5823
City Greenfield Mo. (No. _____) St. _____ Ward _____

File No. _____
Registered No. _____

2. FULL NAME

Charles Oulden Farnier

(a) Residence, No. _____ St. _____ Ward _____
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Infant</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 16, 1934</u>		
7. AGE	YEARS	MONTHS
		DAYS
		If LESS than 1 day, <u>5</u> 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) <u>Greenfield Mo.</u>		
FATHER	13. NAME <u>Leon Farnier</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Greenfield Mo.</u>	
MOTHER	15. MAIDEN NAME <u>Florence Hurd</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Dade Co. Mo.</u>	
17. INFORMANT (ADDRESS) <u>Leon Farnier Greenfield Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Greenfield</u> DATE <u>May 16, 1934</u>		
19. UNDERTAKER (ADDRESS) <u>J. W. Ward Greenfield Mo.</u>		
20. FILED <u>5-20</u> 19 <u>34</u> <u>Ch. K. Weir</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 16, 1934

22. I HEREBY CERTIFY, That I attended deceased from May 16, 1934, to May 16, 1934. I last saw him alive on May 16, 1934. Death is said to have occurred on the date stated above, at _____ m. The principal cause of death and related causes of importance were as follows:

Date of onset

Premature Labor - 7 1/2 mo - 159

Other contributory causes of importance

159

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) J. J. Drindel, M. D.
(Address) Greenfield Mo.

