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

Do not use this space.

28731

1. PLACE OF DEATH
County Cole — Registration District No. 213 — File No.
Township — Primary Registration District No. 3014 — Registered No. 234
City Jefferson C (No. ..., St. ..., Ward)

2. FULL NAME Mary Alice Farris
(a) Residence, No. Russellville, Mo. 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.

AUG 27 1934

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 30th,1872

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
62	1	7	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife
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) Russellville, Missouri

FATHER
13. NAME James Payne
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Russellville, Missouri

MOTHER
15. MAIDEN NAME Sarah E.Scott
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Russellville, Missouri

17. INFORMANT Paul Farris
(ADDRESS) Russellville, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt.Pleasant Cem. DATE Aug. 9th,1934

19. UNDERTAKER G.N.Steffens
(ADDRESS) Russellville, Mo.

20. FILED 8/8/34, 19 M Benson Reg'l. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) ~~August 7, 1934~~ Aug. 7, 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 6, 1934, to Aug 7, 1934, I last saw h... alive on Aug 7, 1934. Death is said to have occurred on the date stated above, at 2 P.M.

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

	Date of onset
157	
Diabetes Mellitus	unknown

Other contributory causes of importance:

Abscess of throat (Retro pharyngeal)

Name of operation Date of
What test confirmed diagnosis? 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) M Benson, M. D.
(Address) Jeff City 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.

WRITE PLAINLY, WITH INFADING INK—THIS IS A PERMANENT RECORD