

SEP 14 1934

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

Do not use this space.

30023

1. PLACE OF DEATH

County Macon Registration District No. 527  
Township \_\_\_\_\_ Primary Registration District No. 5203  
City Brews (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

(a) Residence, No. \_\_\_\_\_ 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<br><u>Male</u>   | 4. COLOR OR RACE<br><u>White</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)<br><u>Married</u> |           |                                  |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF<br><u>May Fartus</u> |                                  |   |           |                                  |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR)<br><u>May 15 - 1866</u>                   |                                  |   |           |                                  |
| 7. AGE  | YEARS                            | MONTHS  | DAYS      | IF LESS than 1 day, hrs. or min. |
|   | <u>68</u>                        | <u>2</u>  | <u>22</u> |                                  |

|            |   |
|------------|---|
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.<br><u>Retire of Col Miner</u> |
|            | 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)  
Ohio

13. NAME  
Francis Fartus

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

15. MAIDEN NAME  
Anna Spalding

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)  
Ohio

17. INFORMANT (ADDRESS)  
Mrs W Fartus  
Brews Mo

18. BURIAL, CREMATION, OR REMOVAL  
PLACE East Oakwood DATE Aug 10 1934

19. UNDERTAKER (ADDRESS)  
W G Edwards  
Brews Mo

20. FILED Sept 10 1934 Edu Simpson  
Registrar.

W MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 7<sup>th</sup> 1934  
22. I HEREBY CERTIFY, That I attended deceased from Aug 6 1934 to Aug 7 1934  
I last saw him alive on Aug 7 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:

Hernia inguinal - strangulated with resulting obstruction  
Date of onset Aug 3 1934  
Other contributory causes of importance:  
1221 122B 122a

Name of operation Clinical 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? NO  
If so, specify \_\_\_\_\_  
(Signed) J P Donoway M. D.  
(Address) Macon Mo

WHILE 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.

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