

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

Do not use this space.

36879

1. PLACE OF DEATH NOV 20 1934

78 County Dennis Registration District No. 601
Township Little Prairie Primary Registration District No. J-862
City Little Prairie St. _____ Ward _____

File No. _____
Registered No. 119

2. FULL NAME Fred Farrow
(a) Residence, No. Southwell, Mo. 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 Male 4. COLOR OR RACE Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 13th - 1892
7. AGE YEARS 42 MONTHS 3 DAYS 19 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farm
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm
10. Date deceased last worked at this occupation (month and year) Sept. 1934 11. Total time (years) spent in this occupation 42

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Madison, Mo.

13. NAME Do not know

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

15. MAIDEN NAME Do not know

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

17. INFORMANT Lucy Farrow
(ADDRESS) Southwell, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Little Prairie DATE Oct 4 1934

19. UNDERTAKER St. Stephens Friends
(ADDRESS) Southwell, Mo.

20. FILED Oct 4 1934 Ada Martin
Registrar.

1 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 2 1934
22. I HEREBY CERTIFY, That I attended deceased from Sept 30 1934 to Oct 2 1934
I last saw him alive on Oct 3 1934 Death is said to have occurred on the date stated above, at 7 P. m.
The principal cause of death and related causes of importance were as follows:

Blow shot wounds
Blow clot in brain
ruptured muscle
Other contributory causes of importance: _____
Date of onset _____

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? Homicide Date of injury Sept 29 1934
Where did injury occur? Dennis Co., Mo.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. In home
Manner of injury gunshot wounds
Nature of injury blow & shot wounds

24. Was disease or injury in any way related to occupation of deceased? No.
If so, specify _____
(Signed) J. M. McKeown _____, M. D.
(Address) 1220 4th St
Southwell, 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.

