

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

Do not use this space.

**39392**

**1. PLACE OF DEATH**

County Jackson Registration District No. \_\_\_\_\_  
Township Kaw Primary Registration District No. \_\_\_\_\_  
City Kansas City (No. 4555 Main Street)

File No. \_\_\_\_\_  
Registered No. 252276  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Mr. John T. Farmer

(a) Residence, No. 4555 Main Street St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred 17 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 <b>Male</b>	4. COLOR OR RACE <b>White</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <b>Married</b>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <b>Jennette F. Farmer</b>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <b>Nov. 15, 1874</b>		
7. AGE <b>59</b>	YEARS <b>11</b>	MONTHS <b>23</b>
8. Trade, profession, or particular kind of work done, as spinner, mawyer, bookkeeper, etc. <b>Postal</b>		11. Total time (years) spent in this occupation
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <b>Employee</b>		
10. Date deceased last worked at this occupation (month and year)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Atlanta, Missouri</b>		
13. NAME <b>Henry T. Farmer</b>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Kentucky</b>		
15. MAIDEN NAME <b>Biddy Ann Kelly</b>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Missouri</b>		
17. INFORMANT <b>R. Odell Farmer</b> (ADDRESS) <b>Kansas City, Mo.</b>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <b>Atlanta, Mo.</b> DATE <b>11-9-34</b>		
19. UNDERTAKER <b>Freeman Mortuary and Chapel</b> (ADDRESS) <b>42nd Street and Baltimore Ave</b>		
20. FILED <b>Nov. 9, 1934</b> <b>M. M. Crowe</b> <b>Asst. Registrar.</b>		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Nov. 8, 1934**

22. I HEREBY CERTIFY, That I attended deceased from **6-23-34** to **11-8-34**.  
I last saw him alive on **11-8-34**. Death is said to have occurred on the date stated above, at **10 a.m.**  
The principal cause of death and related causes of importance were as follows:

*Carcinoma stomach*  
*1/6 of it*

Date of onset

Other contributory causes of importance:

Name of operation *Eplasty*  
What test confirmed diagnosis? *By operation 12/29/34*  
Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? *no* Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? *no*  
(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?  
Also, specify \_\_\_\_\_  
(Signed) *Wm. O. Beach*, M. D.  
(Address) *924 Prof. Bldg*  
*K.C. Mo.*

WRITE 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.

51. 1000  
R. T. 1000  
1000 1000 P.M.

904  
R. T. 1000  
900