

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.

*Hawkins*

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

Do not use this space.

DEC 20 1934

40531

1. PLACE OF BIRTH

County *St. Francois*  
Township *Perry*  
City *Boonville Mo.*

Registration District No. *775*  
Primary Registration District No. *6070*

File No. ....  
Registered No. *80* St. .... Ward)

2. FULL NAME

*Carl Gustave Farrow*

(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 <i>Male</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Married</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED— HUSBAND OF (OR) WIFE OF <i>Martha Farrow</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Nov 14, 1880</i>		
7. AGE	YEARS	MONTHS
	<i>53</i>	<i>11</i>
		DAYS
		<i>29</i>
		IF LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Retired</i>
	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) *Washington Co. Missouri*

MOTHER FATHER 13. NAME *Cliska Farrow*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Washington Co. Missouri*

15. MAIDEN NAME *Louise Cletcher*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Washington Co. Missouri*

17. INFORMANT *Mrs. Martha Farrow*  
(ADDRESS) *Boonville, Mo.*

18. BURIAL CREMATION (OR REMOVAL) PLACE *Park View Cemetery* DATE *Nov. 16, 1934*

19. UNDERTAKER *Benham Und. Co.*  
(ADDRESS) *Boonville, Mo.*

20. FILED *11/15, 1934* *G. A. Don*  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Nov. 13, 1934*

22. HEREBY CERTIFY, That I attended deceased from *May 16, 1932* to *Nov 13, 1934*

I last saw him alive on *Nov 11, 1934* Death is said to have occurred on the date stated above, at *8:30 A.M.*

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

*Pulmonary Tuberculosis* Date of onset *April 1932*  
*1938*

Other contributory causes of importance:

Name of operation *None* Date of .....  
What test confirmed diagnosis? *X-ray* 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 *N. W. Hawkins*  
(Signed) ..... M. D.  
(Address) *Boonville, Mo.*

