

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

Do not use this space.

**FEB 19 1935**

1198

**1. PLACE OF DEATH**

County Jackson Registration District No. 399  
 Township Jackson Primary Registration District No. 1002  
 City Jackson City (No. 2454 Campbell) St. \_\_\_\_\_ Ward) \_\_\_\_\_

File No. 17-102  
 Registered No. \_\_\_\_\_  
 St. \_\_\_\_\_ Ward) \_\_\_\_\_

**2. FULL NAME**

Mrs Palina Farrow  
 (a) Residence, No. 2454 Campbell 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>James Farrow</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct 4, 1852</u>		
7. AGE	YEARS <u>82</u>	MONTHS <u>3</u>
	DAYS <u>1</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>at home</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) <u>Penn</u>		
FATHER	13. NAME <u>No Record</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>No Record</u>	
MOTHER	15. MAIDEN NAME <u>No Record</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>No Record</u>	
17. INFORMANT (ADDRESS) <u>Mrs Alberta Curtis 2454 Campbell</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Forest Hill</u> DATE <u>Jan 7th 1935</u>		
19. UNDERTAKER (ADDRESS) <u>Quirk &amp; Tobin Co</u>		
20. EXHIBIT <u>Jan 7 1935 M. M. Cronin Registrar.</u>		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 5th 1935

22. I HEREBY CERTIFY That I attended deceased from Dec 19 1924 to Dec 31 1924.  
 I last saw him alive on Dec 31, 35 1924. Death is said to have occurred on the date stated above, at 3/4 a.m. 1/5/35.  
 The principal cause of death and related causes of importance were as follows:  
Chronic pain.  
Cardio vascular disease.  
 Date of onset 17/31/24

Other contributory causes of importance:  
Chronic nephritis, arteriosclerosis, senility.

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? \_\_\_\_\_ 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) Dr. A. W. Melly, M.D.  
 (Address) 2748 Charlotte St.

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.

WHITE PAPER, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

