MAR 20 1935

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

Do not use this space.

4524

File No.
Registered No. 31

1. PLACE OF DEATH
County Butler
Registration District No. 89
Township
Primary Registration District No. 3007
City Poplar Bluff (No. PB Hospital St. Ward)

2. FULL NAME Harley Edward Faries

(a) Residence, No. Wappapello Mo 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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Myrtle Faries

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 6-1907

7. AGE: Years 27 | Months 10 | Days 17 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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) Feb 16-1935
11. Total time (years) spent in this occupation all life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wappapello Mo

FATHER

13. NAME John A. Faries
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Broughton Ill

MOTHER

15. MAIDEN NAME Alice Gualtney
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Broughton Ill

17. INFORMANT Cecil Faries
(ADDRESS) Wappapello Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Wappapello cem DATE Feb. 28, 1935

19. UNDERTAKER N T Ahlers
(ADDRESS) Poplar Bluff Mo.

20. FILED 2/23 1935 O Ostinger Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-22-35 19

22. I HEREBY CERTIFY, That I attended deceased from 2-19, 1935, to 2-22, 1935
I last saw him alive on 2-22, 1935. Death is said to have occurred on the date stated above, at 5 a.m.
The principal cause of death and related causes of importance were as follows:

Appendicitis abscess — Date of onset 2-16-35
12 hrs

Other contributory causes of importance: Peritonitis

Name of operation Appendectomy Date of 2-20-35
What test confirmed diagnosis? Operation 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
(Signed) W M Kennedy, M. D.
(Address) Poplar Bluff 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.