

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.

MAR 20 1935

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

Do not use this space.

4524

1. PLACE OF DEATH

County Butler Registration District No. 89
Township _____ Primary Registration District No. 3007
City Paplar Bluff (No. PB Hospital) St. _____ Ward _____

File No. _____
Registered No. 31

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 <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Myrtle Faries</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Apr 6-1907</u>		
7. AGE	YEARS <u>27</u>	MONTHS <u>10</u>
	DAYS <u>17</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>Farmer</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) <u>Feb 16-1935</u>	
	11. Total time (years) spent in this occupation <u>all life</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Wappapello Mo</u>		
FATHER	13. NAME <u>John O. Faries</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Broughton Mo</u>	
MOTHER	15. MAIDEN NAME <u>Alice Gwaltney</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Broughton Mo</u>	
17. INFORMANT <u>Cyril Faries</u> (ADDRESS) <u>Wappapello Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Wappapello cem</u> DATE <u>Feb. 25, 1935</u>		
19. UNDERTAKER <u>N. T. Phelps</u> (ADDRESS) <u>Wappapello Mo</u>		
20. FILED <u>7/23, 1935</u> <u>O. Blasinger</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-3-35

22. I HEREBY CERTIFY, That I attended deceased from 2-1-35, 1935, to 2-2-35, 1935.
I last saw him alive on 2-2-35, 1935. Death is said to have occurred on the date stated above, at 5:4 m.
The principal cause of death and related causes of importance were as follows:
Appendicitis
Date of onset 2-16-35

Other contributory causes of importance:
Peritonitis

12/35

Name of operation appendectomy Date of 2-10-35
What test confirmed diagnosis? operative 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) J. M. Kessel, M. D.
(Address) 107 S. 1st St. Wappapello Mo

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[The following text is extremely faint and largely illegible due to the quality of the scan. It appears to be a list or index of items, possibly books or documents, with columns for titles, authors, and other details. Some words are barely discernible, but the overall structure suggests a catalog or inventory.]

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