MAY 23 1935

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

Do not use this space.

File No. 12118

Registered No. 99

1. PLACE OF DEATH

County: Calloway

Registration District No. 104

Township: Bourbon

Primary Registration District No. 5156

City: ..... St. ..... Ward)

2. FULL NAME: Mrs C E Farris (Mollie Franklin Farris)

(a) Residence. No. ..... 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: F

4. COLOR OR RACE: W

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Chas. E. Farris

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Jan. 11, 1862

7. AGE: Years 73 | Months 3 | Days 7 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): /
(c) Name of employer: /

9. BIRTHPLACE (CITY OR TOWN): /
(STATE OR COUNTRY): Missouri

10. NAME OF FATHER: James Selby

11. BIRTHPLACE OF FATHER (CITY OR TOWN): /
(STATE OR COUNTRY): Missouri

12. MAIDEN NAME OF MOTHER: Jennie Vandever

13. BIRTHPLACE OF MOTHER (CITY OR TOWN): /
(STATE OR COUNTRY): Missouri

INFORMANT: Dixie Vaughn
(Address): Millersburg, Mo

Filed: Apr. 20, 1935 R. N. Crews
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): April 18 1935

17. I HEREBY CERTIFY, That I attended deceased from Jan 11, 1935, to April 18, 1935, that I last saw her alive on March 15, 1935, and that death occurred, on the date stated above, at 9 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
General Arterio Sclerosis
Chronic Myocarditis
93 C
..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY): Pruricious Eczema
..... (duration) 12 yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? .....

DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) Stephen D Bennett, M. D

, 19 (Address) Columbia Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Millers Creek Cemetery Calloway Co

DATE OF BURIAL: April 20 1935

20. UNDERTAKER: Leo G Wallace

ADDRESS: Fulton Mo