

DEC 11 1935

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

Do not use this space.

34697

1. PLACE OF DEATH

County Registration District No. 791
Township Primary Registration District No. 1002
City St. Louis (No. Deaconess Hospital) St. Ward)

File No.
Registered No. 9178

2. FULL NAME

Richard By Farmer
(a) Residence, No. 507 - Dover Place 1 Ward. (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*) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 19, 1914

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
11 4 18

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Boy

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) St. Louis, Mo.

13. NAME Porter Farmer

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

15. MAIDEN NAME Lenora Aff

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

17. INFORMANT (ADDRESS) Porter Farmer
507 - Dover Place

18. BURIAL, CREMATION, OR REMOVAL PLACE Funset DATE Nov 9, 35

19. UNDERTAKER (ADDRESS) Wagner Felderle
2331 Broadway

20. FILED 1 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 30, 1935

22. I HEREBY CERTIFY, That I attended deceased from 10/25/1935 to 10/30/1935

I last saw him alive on 10/30/35 1935. Death is said to have occurred on the date stated above, at 6:30 p.m.

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

Intestinal obstruction caused by adhesions from operation for appendicitis two years ago

Other contributory causes of importance

Date of onset 10/29/35

Name of operation breaking up adhesions Date of 10/25/35

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? No

If so, specify (Signed) John C. Morfit, M. D.

(Address) 940 W. Bell

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.

