

DEC 27 1935

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

Do not use this space.

37000

1. PLACE OF DEATH

County Platte

Township

City FarleyRegistration District No. 694Primary Registration District No. 4416(No. Farley, Mo)

File No.

Registered No.

St. Ward

2. FULL NAME

Emma Susan Farley(a) Residence, No. Farley, Mo

St. Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 65 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>Married</u>
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5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OFJ. W. Farley6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 21, 1870

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
	<u>65</u>	<u>1</u>	<u>1</u>	

OCCUPATION	8. Trade, profession, or particular kind of work done, as splaner, sawyer, bookkeeper, etc.	<u>Housewife</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) Farley
(STATE OR COUNTRY) Mo13. NAME James Wallace14. BIRTHPLACE (CITY OR TOWN) Ireland
(STATE OR COUNTRY)15. MAIDEN NAME Sarah Todd16. BIRTHPLACE (CITY OR TOWN) Unionville
(STATE OR COUNTRY) Mo17. INFORMANT J. W. Farley
(ADDRESS) Farley, Mo18. BURIAL, CREMATION, OR REMOVAL
PLACE Marshall Cemetery DATE Nov. 24, 193519. UNDERTAKER J. A. Bush & Sons
(ADDRESS) Leavenworth Kansas20. FILED Nov 27 1935 Elyabet Newman
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 22, 1935

22. I HEREBY CERTIFY, That I attended deceased from

July 1, 1935, to Nov 22, 1935I last saw her alive on Nov 22, 1935 Death is saidto have occurred on the date stated above, at 4 P. m.

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

Carcinomatosis

Date of onset

Other contributory causes of importance:

Primary Carcinoma Cervix 1932Name of operation hony Date ofWhat test confirmed diagnosis? biopsy 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) Robert T. Moore, M. D.(Address) Lansing, Kansas

FEB 17 1960

FEB 17 1960

MISSOURI STATE BOARD OF HEALTH
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CERTIFICATE OF DEATH

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
Do not use this space.
THIS SUPPLEMENTARY

1. PLACE OF DEATH

County Platte Registration District No. 694 File No.
 Township Primary Registration District No. 4416 Registered No.
 City Farley (No. St. Ward)

2. FULL NAME Emma Susan Farley

(a) Residence, No. St. Ward. (If nonresident, give city or town and State)
 (Usual place of abode)
 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) m
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 1888
 7. AGE YEARS 65 MONTHS 6 If less than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookbinder, etc.
 9. Industry or business in which work was done, as silk mill, sawmill, 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)

MOTHER FATHER

13. NAME
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
 15. MAIDEN NAME
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 19...

19. UNDERTAKER (ADDRESS)

20. FILED Nov 22 1935 Elizabeth R. ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 22 1935

I HEREBY CERTIFY, That I attended deceased from 19....., to 19.....
 I last saw him alive on 19..... Death is said to have occurred on the date stated above, at m.

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

Date of onset

Other contributory causes of importance:

Name of operation Date of
 What test confirmed diagnosis? Was there an autopsy?

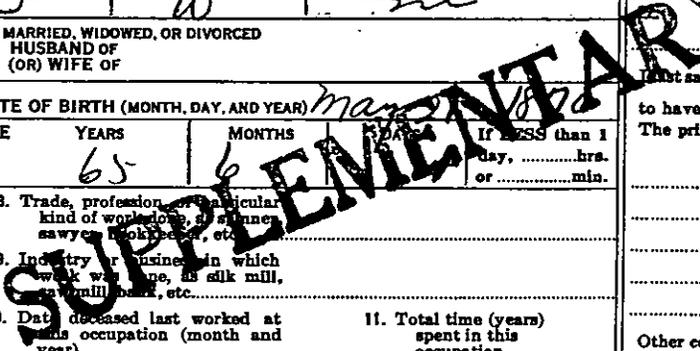
28. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury 19.....

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) M. D.
 (Address)



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UNITED STATES GOVERNMENT
WASHINGTON, D.C. 20540

