

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.

JAN 13 1936

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

Do not use this space.

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City *St. Louis* (No. *112726*)

City *St. Louis* (No. *112726*)

38156

File No. **10701**

Registered No. ....

2. FULL NAME

*Wm. S. Farrow*

(a) Residence, No. *Ozanam St.*  
(Usual place of abode)

Ward *11*  
(If nonresident, give city or town and State)

Length of residence in city or town where death occurred *50* yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *M* 4. COLOR OR RACE *W* 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) *Unknown*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. *abt. 71*

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Nil*  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Unknown*  
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) *Missouri*

FATHER 13. NAME *Unknown*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Unknown*

MOTHER 15. MAIDEN NAME *Unknown*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Unknown*

17. INFORMANT (ADDRESS) *Wm. S. Farrow, City, St. Louis*

18. BURIAL, CREMATION, OR REMOVAL PLACE *City Cemetery* DATE *12/20/35*

19. UNDERTAKER (ADDRESS) *David Van Furber*

20. FILED *SEP 18 1935* *J. F. Bredeck* Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Nov 23, 1935*

22. I HEREBY CERTIFY, That I attended deceased from *11-13, 1935*, to *Nov 23, 1935*

I last saw ~~him~~ alive on *11-23, 1935*. Death is said

to have occurred on the date stated above, at *5:30* p.m.

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

*Carcinoma of liver - either primary or secondary - no autopsy*

Other contributory causes of importance:

Name of operation *H&B* Date of

What test confirmed diagnosis? Was there an autopsy?

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. F. Bredeck*, M. D.

(Address) *City, St. Louis*

