

JUN 24 1936 MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

16139

1. PLACE OF DEATH
 County Monroe Registration District No. 597
 Township Moreau Primary Registration District No. 5792
 City (No.) St. Ward

2. FULL NAME Glenn Bruce McFarland
 (a) Residence, No. St. Ward.
 (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. (If nonresident, give city or town and State)

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) April 8, 1936

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
		<u>4</u>	

8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc.

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) Barnett, Missouri

13. NAME Hermann L. McFarland

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Blonox, Okla

15. MAIDEN NAME Daisy M. Hess

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Barnett, Missouri

17. INFORMANT Herman S. McFarland (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Union DATE 4-14-1936

19. UNDERTAKER Carl W. ... (ADDRESS)

20. FILED 6/10 1936 J. E. Callison Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-12 1936

22. I HEREBY CERTIFY, That I attended deceased from April 8 1936 to April 12 1936
 I last saw him alive on April 12 1936 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:
Cerebral Hemorrhage (Bitch) Date of onset Bitch

Other contributory causes of importance:
Phylogia labor

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ 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) J. Lane Washburn M. D.
 (Address) Versailles, Missouri

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.

