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.

JUN 27 1936

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

Do not use this space.

18791

1. PLACE OF DEATH
County [illegible] Registration District No. 125 File No.
Township Primary Registration District No. 3009 Registered No. 164
City Cape Girardeau (No. S. E. Mo. Hospital St. Ward)

2. FULL NAME John C. Faris
(a) Residence, No. Cypress St. Charleston Mo. Ward. Charleston Mo.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 27 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) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Amie L. Faris
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 7-1864
7. AGE YEARS 71 MONTHS 10 DAYS 10 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer
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) Wolf Island - Mo.

FATHER
13. NAME J. C. Faris
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) North Carolina

MOTHER
15. MAIDEN NAME Martha Carr
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.

17. INFORMANT (ADDRESS) Geo. M. Faris - Sikeston - Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Odd Fellows Cemetery DATE May 18 1936
19. UNDERTAKER (ADDRESS) Frank Lair Funeral Service Charleston, Mo.
20. FILED 5-17 1936 J. M. [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH 4:00A

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 17 1936
22. I HEREBY CERTIFY, That I attended deceased from Apr 15, 1936, to May 17, 1936
I last saw her alive on 5-16 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:

Date of onset

FR. L. Femur

Other contributory causes of importance:

Bronchio-Pneumonia (Hypostatic) No

Name of operation 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? Acc Date of injury 4/15 1936
Where did injury occur? Charleston Mo (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Home
Manner of injury Fall
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) [illegible], M. D.
(Address) Cape Girardeau Mo

Champaw