

JUN 5 1936

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

Do not use this space.

20810

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City **St. Louis** (No. **DePaul Hospital**) St. _____ Ward)

File No. _____
Registered No. **5000**

2. FULL NAME **George T. Farrar**

(a) Residence, No. _____ St. **NR** Ward. **Gerald, Mo.**
(Usual place of abode) (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) **Married**
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Sept. 30th, 1865**
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
70 7 6

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Insurance Agent**
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **Retired**
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**

13. NAME **Jessie R. Farrar**

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

15. MAIDEN NAME **Mary Bullock**

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

17. INFORMANT (ADDRESS) **Eliza Farrar Gerald, Mo.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Laurel Hill Cem.** DATE **May 9th, 1936**

19. UNDERTAKER (ADDRESS) **Drehmann Varnd 1905 Union Blvd.**

20. FILED **MAY 7 - 1936 J. Bredeck Registrar.**

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **May 6th, 1936**

22. I HEREBY CERTIFY, That I attended deceased from **April 11, 1936, to May 6, 1936**
I last saw him alive on **May 5, 1936**. Death is said to have occurred on the date stated above, at **4 P. m.**
The principal cause of death and related causes of importance were as follows:

Cerebral thrombosis Date of onset **May 6/36**
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Other contributory causes of importance:
Dysentery Bacillary G. p/s
Bronchitis **2**

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

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? **Yes**
If so, specify _____
(Signed) **W. Drummond Gray**, M. D.
(Address) **1117 N. Gray**

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

Dr. R. E. Kane
1117 N Grand Je 7141
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