

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.

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

Do not use this space.

NOV 27 1936

37312

1. PLACE OF DEATH

County Gasconade
Township Clay
City Canaan (No. _____ St. _____ Ward _____)

Registration District No. 302
Primary Registration District No. 6231

File No. _____
Registered No. _____

2. FULL NAME

Darline Pearl Farris

(a) Residence, No. Canaan mo. 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 <u>F.</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Infant.</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 18-1936</u>		
7. AGE YEARS	MONTHS	DAYS
	<u>4</u>	<u>25</u>
If LESS than 1 day, _____ hrs. or _____ min.		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Infant.</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) Canaan
(STATE OR COUNTRY) Gasconade Co. Mo.

13. NAME Floyd Farris

14. BIRTHPLACE (CITY OR TOWN) Canaan
(STATE OR COUNTRY) mo

15. MAIDEN NAME Lara Gett

16. BIRTHPLACE (CITY OR TOWN) Gasconade Co. Mo.
(STATE OR COUNTRY)

17. INFORMANT Floyd Farris
(ADDRESS) Canaan mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Union Cem. Island, Mo. DATE 10-14 1936

19. UNDERTAKER R. M. Murray
(ADDRESS) Owensville, Mo.

20. FILED Oct 13 1936 BA Bunge M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 13 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 4 1936 to Oct 13 1936

I last saw her alive on Oct. 15 1936 Death is said to have occurred on the date stated above, at 3:30 pm.

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

Dysentery Date of onset _____

Other contributory causes of importance: _____

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? _____ 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) BA Bunge M. D.
(Address) Bunge Bland Mo

