

DEC 20 1936

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

Do not use this space.

37946

1. PLACE OF DEATH

County Jackson Registration District No. 379
Township Jackson Primary Registration District No. 1002
City Jackson (No. 222)
St. _____ Ward _____

File No. _____

Registered No. _____

2. FULL NAME

Paul Edward McFarlin
(a) Residence, No. Preston 72 St., _____ Ward _____
(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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) S

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10-26-26

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min. 3

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant
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) Jackson

FATHER
13. NAME Wanda G. McFarlin
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jackson

MOTHER
15. MAIDEN NAME Charlotte A. Murringer
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Scottsville

17. INFORMANT (ADDRESS) Deund Clark

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill DATE Nov. 2, 1936

19. UNDERTAKER (ADDRESS) Lynch and Johns

20. FILED Nov. 2, 1936 M. M. Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-29, 1936

22. I HEREBY CERTIFY, That I attended deceased from 10-26, 1936, to 10-29, 1936

I last saw h alive on 10-29, 1936. Death is said to have occurred on the date stated above, at 8:45 a.m.

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

Septicemia
result of
ruined bone

Other contributory causes of importance: _____

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? _____
If so, specify _____

(Signed) [Signature] M. D.
(Address) Jackson

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.

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