

DEC 18 1936

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

Do not use this space.

1. PLACE OF DEATH

County JacksonRegistration District No. 398Township BluePrimary Registration District No. 5554City Independence(No. Van Horn & Harris)File No. 41133Registered No. 371

St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 1403 Harris St., _____ Ward. _____

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

malewhitemarried

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

Mary Farmer

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

Dec 13-1866

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

69118

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

Retired Rail Road man

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Retired 14 years

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)

Illinois

13. NAME

John T. Farmer

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

unknown

15. MAIDEN NAME

unknown

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

unknown

17. INFORMANT (ADDRESS)

Mary Farmer
1403 Harris St. Ind. Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Floral HillDATE 11-25-36

19. UNDERTAKER (ADDRESS)

George E. Larson
Independence Mo.20. FILED 11-24-36J. L. Cook
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 20, 1936

22. I HEREBY CERTIFY, That I attended deceased from _____, 19.....

I last saw him alive on 19..... Death is said

to have occurred on the date stated above, at 8 P. m.

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

interlobar pneumoniaFracture of the skull

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 cause (violation of law) in case of poisoning, Accident, suicide, or homicide _____ Date of injury _____

Where did injury occur _____ (Specify city or town, county, and State)

Specify whether injury occurred in a factory, in home, or in public place.

Manner of injury slunk by motor car

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) _____, M. D.

(Address) _____

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.

