

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.

JAN 20 1937

45405

1. PLACE OF DEATH

County Linn
Township Wesley
City Mosquito (No.)

Registration District No. 496
Primary Registration District No. 8025

File No.
Registered No. 97
St. Ward

2. FULL NAME

(a) Residence, No. 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>Female</u>	4. COLOR OR RACE <u>White</u>	5. (SINGLE, MARRIED, WIDOWED, OR DIVORCED) (write the word) <u> </u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u> </u>			
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 16-36</u>			
7. AGE	YEARS	MONTHS	DAYS
	<u> </u>	<u> </u>	<u> </u>
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u> </u>		
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u> </u>		
	10. Date deceased last worked at this occupation (month and year) <u> </u>		
	11. Total time (years) spent in this occupation <u> </u>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mosquito Mo</u>			
FATHER	13. NAME <u>Edward J. Farnsworth</u>		
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mosquito Mo</u>		
MOTHER	15. MAIDEN NAME <u>Helen Margueret Lisac</u>		
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mosquito Mo</u>		
17. INFORMANT (ADDRESS) <u>M. J. Farnsworth Mosquito</u>			
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Dr. Michael</u> DATE <u>Dec 17, 36</u>			
19. UNDERTAKER (ADDRESS) <u>Hunter Rollins Mosquito</u>			
20. FILED <u>Jan 9 1937</u> <u>J. Whelan, M. D.</u> Registrar.			

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 16, 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 16, 1936 to Dec 16, 1936. I last saw her alive on Dec 16, 1936. Death is said to have occurred on the date stated above, at 3 P. M.. The principal cause of death and related causes of importance were as follows:
Congenital ulceration of abdominal contents (Complete Unifoliate hernia) (Date of onset)

Other contributory causes of importance:
Robert Trauman Grade

Name of operation Closure of Congenital Date of Dec 16-36
What test confirmed diagnosis? Autopsy 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? No
If so, specify

(Signed) J. Whelan M. D.
(Address) Bushfield, Mo

