

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

Do not use this space.

**FEB 9 1937**

**1. PLACE OF DEATH**

County St. Francois Registration District No. 773  
 Township St. Francois Primary Registration District No. 6018A  
 City Farmington (No. 9) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. 2836  
 Registered No. 1

**2. FULL NAME**

Mary Elizabeth McFarland  
 (a) Residence, No. \_\_\_\_\_ 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 Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Amlek McFarland  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 5, 1857  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 85 4 26  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. care of home  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 230  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation 1

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bellview Missouri

MOTHER 13. NAME Henry Eidson

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

15. MAIDEN NAME Sarah Jameson

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

17. INFORMANT (ADDRESS) Harry E. Mitchell Farmington Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Bellview Mo. DATE Jan. 3, 1937

19. UNDERTAKER (ADDRESS) C. F. Boyer Desloge Missouri

20. FILED Jan 20, 1937 W. J. Robinson Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 1, 1937

22. I HEREBY CERTIFY, That I attended deceased from 5/15, 1936, to 12/31, 1936. I last saw him alive on 12/31, 1936. Death is said to have occurred on the date stated above, at 6:30 p.m.  
 The principal cause of death and related causes of importance were as follows:

Coronary artery thrombosis (Coronary thrombosis)

Date of onset

Other contributory causes of importance Old age - No

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) Clyde C. Winter, M. D.  
 (Address) Farmington Mo.

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.

