MAR 25 1937

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

Do not use this space.

7907

File No. 683

Registered No.

1. PLACE OF DEATH
County St Francois
Township St Francois
City Elvins (No. ..... St. ..... Ward)
Registration District No. 222
Primary Registration District No. 4663

2. FULL NAME Norman McFarland
(a) Residence, No. Elvins Route One 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 Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lucille McFarland
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)
7. AGE Years 55 Months — Days — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farming
10. Date deceased last worked at this occupation (month and year) 1933
11. Total time (years) spent in this occupation 30 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Elvins Mo

FATHER
13. NAME Larkin McFarland
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) North Carolina

MOTHER
15. MAIDEN NAME ?
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) North Carolina

17. INFORMANT (ADDRESS) Cecil McFarland Elvins Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE DeLaun Mar Feb 12 1937

19. UNDERTAKER (ADDRESS) Sparks Ind. Co. Elvins Mo.

20. FILED 3/4 1937 C B Harrison Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feby 9 1937

22. I HEREBY CERTIFY, That I attended deceased from Feby 1 1934, to Feb 9 1937
I last saw alive on Feby 2 1937. Death is said to have occurred on the date stated above, at 10:30 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	
(General)	

Other contributory causes of importance: ?

Name of operation Clinical & Laboratory Date of
What test confirmed diagnosis? Was there an autopsy? No

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) C. A. Pickerey, 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.