MAR 29 1937

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

Do not use this space.

File No. 9325

1. PLACE OF DEATH

County...Worth... Registration District No...903...

Township...Allen... Primary Registration District No...........

City...Worth... (No. ...... St. ...... Ward)

2. FULL NAME...Jarvis Jackson Farris...

(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...60...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 White

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)...Oct 19 - 1849...

7. AGE YEARS 87 MONTHS 3 DAYS 12 If LESS than 1 day, ...hrs. or ......min.

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

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

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)...Todd Co Ky...

13. NAME (FATHER)...

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)...Todd Co Ky...

15. MAIDEN NAME (MOTHER)...Unknown...

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

17. INFORMANT (ADDRESS)...Ira Pfeffer... Worth Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE...Prairie Chapel...DATE...Feb 1...1937

19. UNDERTAKER (ADDRESS)...Andrus... Grant City Mo

20. FILED...3-8...1937...Fred Mull M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)...Jan 31...1937

22. I HEREBY CERTIFY, That I attended deceased from...Jan 1...1935 to...Feb 1...1937

I last saw him alive on...Feb 24...1937 Death is said to have occurred on the date stated above, at...Jan 31-37...

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

Date of onset

Senility
Arterial Sclerosis
Endo Carditis

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 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)...John Andrus... M.D.
(Address)...Grant City Mo...

43-B

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

Do not use this space.

1. PLACE OF DEATH

County *Worth*

Township *Allen*

City...........

Registration District No. *905*

Primary Registration District No. *6216*

File No. *9325*

Registered No...........

2. FULL NAME *James Jackson Farris*

(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*)
M	*W*	*M*

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF *Carrie Farris*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Oct 19 1849*

7. AGE

YEARS	MONTHS	DAYS	IF LESS than 1 day ... hrs. or ... min.
87	3	12	

OCCUPATION

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

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) *Todd Co Ky*

FATHER

13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Todd Co Ky*

MOTHER

15. MAIDEN NAME *Unknown*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Todd Co Ky*

17. INFORMANT (ADDRESS) *Worth Mo*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Prairie Chap* DATE *Feb 1* 19...

19. UNDERTAKER (ADDRESS) *Andrews Bros. Worth Mo*

20. FILED *Apr 28* 19 37 *A. L. Perry* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Jan 31, 1937*

22. I HEREBY CERTIFY, That I attended deceased from *Jan 1*, 1937, to *Jan 1*, 1937. That I last saw h___ alive on *Jan 31*, 19 37. Death is said to have occurred on the date stated above, at *31* m.

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

Date of onset

Senility
Arterial Sclerosis
Endo Carditis
Chronic

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 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) *John Andrews*, M.D.

(Address) *Grant City Mo*

S-9325