APR 16 1937

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

Do not use this space.

File No. 11373
Registered No. 68

1. PLACE OF DEATH
County: Calloway
Township:
City: Fulton (No. , St. Ward)
Registration District No. 104
Primary Registration District No. 3008

2. FULL NAME: Ella Martha 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 8 yrs. 4 mos. 10 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): widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: D.K.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 6, 1855

7. AGE: Years 81 | Months 10 | Days 5 | If LESS than 1 day, hrs. or min.

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Boone Co. Mo

FATHER
13. NAME: D.K.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): D.K.

MOTHER
15. MAIDEN NAME: D.K.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): D.K.

17. INFORMANT (ADDRESS): Hospital Records Fulton, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Calumpsia DATE: 3-12 1937

19. UNDERTAKER (ADDRESS): Parsha Funeral Home Calumpsia Mo

20. FILED: Mar 12 1937 R. N. Crews Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Mar. 11, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 5, 1935, to Mar 11, 1937
I last saw her alive on Mar 10, 1937. Death is said to have occurred on the date stated above, at 5 00 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis & Acute Cardiac Insufficiency	D.K.

Other contributory causes of importance:
Senility

Name of operation: 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) Jas. R. Mulkey, M. D.
(Address) Fulton, 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.