

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.

47 JUL 28 1937

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

Do not use this space.

23868

1. PLACE OF DEATH

County *Iron* Registration District No. *390*
Township *Union* Primary Registration District No. *5545*
City *Des Arc* (No. _____) St. _____ Ward _____

File No. _____
Registered No. _____

2. FULL NAME

John Julius 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 *24* 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 *Paul Farris*
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Aug 2 1862*
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
74 10 20

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Timber work*
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) *Bismarck* (STATE OR COUNTRY) *Mo*

13. NAME *John Farris*

14. BIRTHPLACE (CITY OR TOWN) *unknown* (STATE OR COUNTRY)

15. MAIDEN NAME *Mathie Bowels*

16. BIRTHPLACE (CITY OR TOWN) *Ireland* (STATE OR COUNTRY)

17. INFORMANT *Paul Farris* (ADDRESS) *Des Arc Mo.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Des Arc* DATE *July 24 1937*

19. UNDERTAKER *W. W. Rich* (ADDRESS) *Des Arc Mo.*

20. FILED *675* 19 *7 D. C. Hunter* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *June 22 1937*

22. I HEREBY CERTIFY That I attended deceased from *2-14 - 1934* to *June 22 1937*
I last saw him alive on *6-26 1937*. Death is said to have occurred on the date stated above, at *8:00 A.M.*

The principal cause of death and related causes of importance were as follows:
Myocardial stenosis Date of onset _____

Other contributory causes of importance: *aaa*

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) *J. T. Selox* M. D.
(Address) *Bismarck, Mo.*

