WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

1 SEP 15 1937

File No. 29962

Registered No. 165

2 1. PLACE OF DEATH

County: Adair

Registration District No.: 4

Township:

Primary Registration District No.: 3001

City: Kirksville (No.: Stickler Hospital St.: Ward:)

2. FULL NAME: Elizabeth Estella Farmer

(a) Residence, No.: St.: Ward: Greentop, R.F.D.
(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: F

4. COLOR OR RACE: W.

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug 20 - 1912

7. AGE: Years: 24 Months: 11 Days: 17 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

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): Adair Co. Missouri

FATHER

13. NAME: James W. Farmer

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Schuyler Co Missouri

MOTHER

15. MAIDEN NAME: Nettie Gleason

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Alentown Iowa

17. INFORMANT: Jame W. Farmer
(ADDRESS): Greentop Mo. R F D.

18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE: Fort. Madison Cem. DATE: 8-8-1937

19. UNDERTAKER: Dee Riley Funeral Home
(ADDRESS): Kirksville Mo.

20. FILED: Aug 9 1937 Spencer Freeman
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 8-7-1937

22. I HEREBY CERTIFY, That I attended deceased from May 8, 1937, to Aug 7, 1937, I last saw her alive on Aug 7, 1937. Death is said to have occurred on the date stated above, at 11:30 am.

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

	Date of onset
Dilitation of heart	
appendicitis - acute	

Other contributory causes of importance:
myocarditis chronic
with mitral regurgitation

Name of operation: appendicitis Date of: Aug 6 37

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): R O Stickler, M. D.
(Address): Kirksville mo