OCT 15 1937

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

Do not use this space.

1. PLACE OF DEATH
County: Barton — Registration District No.: 40
Township: — Primary Registration District No.: 4024
City: Lamar (No. ..., ... St. ... Ward)

File No.: 33578
Registered No.: 43

2. FULL NAME: Ida Imogene Farr

(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 6 yrs. mos. 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: W. R. Farr

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 15 1862

7. AGE — YEARS: 75 — MONTHS: 2 — DAYS: 12 — If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Invalid
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): Chillicothe Illinois

FATHER
13. NAME: William Maurice
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Penn.

MOTHER
15. MAIDEN NAME: ? Adams
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Penn.

17. INFORMANT (ADDRESS): W. E. Sluder, Lamar, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Lake Cemetery DATE: Sept 28 1937

19. UNDERTAKER (ADDRESS): Konantz's, Lamar, Mo.

20. FILED: Sept 28 1937 Mrs. Josephine Mynatt, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Sept 27th 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept. 23, 1937, to Sept. 27, 1937
I last saw her alive on Sept. 27, 1937. Death is said to have occurred on the date stated above, at 3:00 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Occlusion	Sept. 23
Artariosclerosis	Several Years

Other contributory causes of importance: 94b

Name of operation: ... Date of: ...
What test confirmed diagnosis? Clinical 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? No
If so, specify:
(Signed) Vern T. Bickel, M. D.
(Address) Lamar, Missouri

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.