NOV 20 1937

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

Do not use this space.

File No. 38323

Registered No.

PLACE OF DEATH
County New Madrid
Township Big Prairie
City ..... (No. ....., ... St. ..... Ward)

Registration District No. 3451
Primary Registration District No. 5800

FULL NAME Stanley Thomas Farlow, Junior

(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 0 yrs. 0 mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Infant

6. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF Infant

DATE OF BIRTH (MONTH, DAY, AND YEAR) October 25, 1937

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	0	0	2	

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

BIRTHPLACE (CITY OR TOWN) New Madrid County
(STATE OR COUNTRY) Missouri

FATHER'S NAME Stanley Farlow
FATHER'S BIRTHPLACE (CITY OR TOWN) Sullivan
(STATE OR COUNTRY) Illinois
MOTHER'S MAIDEN NAME Mollie Porter
MOTHER'S BIRTHPLACE (CITY OR TOWN) Decatur
(STATE OR COUNTRY) Illinois
INFORMANT Stanley Farlow
(ADDRESS) Sikeston, Missouri
BURIAL, ~~CREMATION OR REMOVAL~~
PLACE Sikeston Mo. DATE Oct. 28, 1937
UNDERTAKER H. J. Welsh
(ADDRESS) Sikeston, Mo.
FILED 1-6 1938 Mrs Robert Binford
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 27 1937

22. I HEREBY CERTIFY, That I attended deceased from October 25, 1935, to October 27, 1937
I last saw him alive on October 27, 1935. Death is said to have occurred on the date stated above, at 10 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	Oct. 26, 1937
Other contributory causes of importance: Atelectasis	CS

Name of operation NONE 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? No 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) Merlin G. Anderson, M. D.
(Address) 106 A Center St. Sikeston, Mo

FILL IN ANSWERS TO ALL SPACES CHECKED IN RED PENCIL.

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

38323
Do not use this space.

1. PLACE OF DEATH
(a) County New Madrid — Registration District No. 345
(b) Township Big Prairie — Primary Registration District No. 5800 — Registered No.
(c) City — (d) Street No. — St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 0 yrs. 6 mos. 2 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Stanley Thomas Farlow Jamar
(a) Residence, No. — St. (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Infant
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 25, 1937
7. AGE: YEARS 0 — MONTHS 0 — DAYS 2 — If LESS than 1 day, ...hrs. or ...min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Infant
9. Industry or business in which work was done, as 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) New Madrid County Missouri

FATHER
13. NAME Stanley Farlow
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sullivan Illinois

MOTHER
15. MAIDEN NAME Mollie Porter
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Decatur Illinois

17. INFORMANT (ADDRESS) Stanley Farlow Sikeston Missouri
18. BURIAL, CREMATION, OR REMOVAL
PLACE Sikeston Mo. DATE Oct 28 1937
19. FUNERAL DIRECTOR (ADDRESS) H. F. Welsh Sikeston Mo
20. FILED Jan. 6 1938 Mae Robert Binford Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 27, 1937
22. I HEREBY CERTIFY, That I attended deceased from October 25, 1937 to October 27, 19...
I last saw him alive on October 27, 1937. Death is said to have occurred on the date stated above, at 10 p.m.
The principal cause of death and related causes of importance were as follows:
Lobar Pneumonia — Date of onset
Other contributory causes of importance:
Atelectasis
Name of operation none — 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? no — 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) Marlin T. Anderson, M. D.
(Address) 106 4 Center St. Sikeston Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.
REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

APPLEMENTARY