

NOV 23 1937

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

Do not use this space.

1. PLACE OF DEATH

County Rush
Township Thru
City Naylor (No. 5990)

Registration District No. 751
Primary Registration District No. 5992

File No. 38618
Registered No. 55
1349 Ward

2. FULL NAME

Daisy Farrar
(a) Residence, No. Naylor Ward. (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 Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

6A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF Solan Farrar
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct-30-1889

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
47 11 2

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.

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) Greenbrier
Bollinger mo

13. NAME Herman Henry Wild

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marble Hill
Bollinger mo

15. MAIDEN NAME Nancy C. Farrar

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marble Hill
Bollinger mo

17. INFORMANT (ADDRESS) Solan Farrar

18. BURIAL, CREMATION, OR REMOVAL Naylor mo

PLACE Recess DATE Oct 4, 1937

19. UNDERTAKER (ADDRESS) Mimmie Lish
Naylor mo

20. FILED Oct 3, 1937 Heeulert
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 7, 193722. I HEREBY CERTIFY, That I attended deceased from Oct 11, 1937, to Oct 2, 1937I last saw her alive on Oct 2, 1937. Death is saidto have occurred on the date stated above, at 1 p. m.

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

Labo pneumonia Date of onset Sept 30Other contributory causes of importance: Typhoid fever Sept 15
malerial fever 11 9Name of operation none Date of 1937What test confirmed diagnosis? Labo 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, 1937

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) H. Heeulert, M. D.(Address) Naylor 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.

FEB 4 1948

RECEIVED
FEB 4 1948
U.S. DEPARTMENT OF THE ARMY
OFFICE OF THE ADJUTANT GENERAL
WASHINGTON, D.C.

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

38618
Do not use this space.

1. PLACE OF DEATH *Ripley*
 (a) County..... Registration District No. *751*
 (b) Township..... Primary Registration District No. *599D* 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME *Daisy Farrar*
 (a) Residence, No. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX *Female* 4. COLOR OR RACE *white* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *married*

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

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

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<i>47</i>	<i>11</i>	<i>2</i>	

OCCUPATION

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

FATHER

13. NAME
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER

15. MAIDEN NAME
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)
 18. BURIAL, CREMATION, OR REMOVAL PLACE DATE *Oct 4 - 1937*
 19. FUNERAL DIRECTOR (ADDRESS)
 20. FILED *Oct 4* 1937 *741 E. White* Local Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Oct 2* 19*37*

22. I HEREBY CERTIFY, That I attended deceased from _____, to _____, 19____.

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

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

Other contributory causes of importance:

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) *H. E. White*, M. D.
 (Address) *Wagoner mo*

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES (NT) (KEY ARE COMPLETED AS PRESCRIBED BY LAW. CAUSE OF DEATH IN plain terms, so that it may be properly classified. INFORMATION is very important.

