

DEC 28 1937

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

42598

Do not use this space.

## 1. PLACE OF DEATH

(a) County Scott Registration District No. 821  
(b) Township Sibleston Primary Registration District No. 4553 Registered No. 111  
(c) City Sibleston (d) Street No. 111 N. Scott 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

(a) Residence, No. George M. Farrin 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

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 Florence Farrin

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 16-1867

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
70 2 11

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Shipping clerk  
9. Industry or business in which work was done, as saw mill, bank, etc. Wholesale of furniture  
10. Date deceased last worked at this occupation (month and year) Oct. 1936 11. Total time (years) spent in this occupation 5 3/4

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Resden, Penn.

FATHER 13. NAME Thomas B. Farrin

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cincinnati, Ohio

MOTHER 15. MAIDEN NAME Julia Harvey

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sharon, Mich.

17. INFORMANT (ADDRESS) Florence Farrin  
Sibleston, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mount Hill DATE Nov 29 1937

19. FUNERAL DIRECTOR (ADDRESS) Karlton Bros  
Cairo, Ill.

20. FILED 12-7 1937 B. H. W. Cronely  
Local Registrar

## MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Nov. 10, 1936, to Nov. 27, 1937

I last saw him alive on Nov 26, 1937. Death is said to have occurred on the date stated above, at 6:19 a.m.

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

Uremia

Date of onset

Other contributory causes of importance:

Hypertrophy of prostate  
Impaired termination of Uremia

Name of operation none Date of no

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?

If so, specify None

(Signed) B. H. W. Cronely, M. D.

(Address) Sibleston, Mo.

---

---

**STATEMENT BY LICENSED EMBALMER**

I, ....., Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

.....L. E. ....

No.....or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**