JAN 20 1938

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

Do not use this space.

1. PLACE OF DEATH

County Lewis — Registration District No. 480 — File No. 45881

Township Union — Primary Registration District No. 5645 — Registered No. 19

City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME Patricia Ann Farr

(a) Residence, No. ..... St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 1st 1933

7. AGE: YEARS 3 — MONTHS 11 — DAYS 10 — 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) La Grange Mo.

FATHER
13. NAME Richard Farr
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) La Grange Mo.

MOTHER
15. MAIDEN NAME Crysie Boltz
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Canton, Mo.

17. INFORMANT (ADDRESS) Richard Farr La Grange, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE La Grange DATE Nov. 14th 1937

19. UNDERTAKER (ADDRESS) A. A. Roberts La Grange, Mo.

20. FILED Nov 14 1937 H. Elling Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 11th 1937

22. I HEREBY CERTIFY, That I attended deceased from July, 1936, to Nov 11, 1937
I last saw her alive on Nov. 11th, 1937. Death is said to have occurred on the date stated above, at 8 P. m.
The principal cause of death and related causes of importance were as follows:

Chronic Glomerular Nephritis — Date of onset

131

Other contributory causes of importance:
Cardiac failure
Ascitis

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) Dr. L. E. Carr, M. D.
(Address) La Grange 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.