WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

I X12004

REC'D MAR 14 1938

10

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

6032
Do not use this space.

1. PLACE OF DEATH
3 (a) County BOONE
4 (b) Township
(c) City COLUMBIA
(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 Registration District No. 73
Primary Registration District No. 3006 Registered No. 46

2. PRINT FULL NAME HARRIOT ALICE FARR 600
(a) Residence, No. 2 A. WEST BROADWAY 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 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 GEORGE FARR

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) MARCH 27-1861

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
76	10	28	

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. Housekeeper
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) Geneva N.Y. 1

FATHER
13. NAME Hyle Nathan Reed 1
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York 1

MOTHER
15. MAIDEN NAME Dont Know
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York

17. INFORMANT (ADDRESS) M.D.Pittman 2 A.W.Bway Columbia Mo

18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE Greenridge Mo DATE Feb 27 1938

19. FUNERAL DIRECTOR (ADDRESS) R.O.Willett Columbia Mo

20. FILED 2/26/ 1938 Allie Selby Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feby 25th 1938

22. I HEREBY CERTIFY, That I attended deceased from 7-7- 1937, to 2-25- 1938
I last saw her alive on 2-26- 1938 Death is said to have occurred on the date stated above, at 12:45 A.M.
The principal cause of death and related causes of importance were as follows:

Metastatic Carcinoma Do not Remove
50-

Date of onset

Other contributory causes of importance:
Carcinoma of rt breast Do not Remove

Name of operation Removal of breast Date of 1937
What test confirmed diagnosis? Feb. 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? None (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury None
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) W. D. Dysart, M. D.
(Address) Columbia, Mo.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I, R O Wilcox, Licensed Embalmer No. 3183

hereby certify that the body recorded on the reverse side of this certificate was embalmed by R O Wilcox

L. E.

No. 3183 or by, Registered Apprentice No.

working under my personal supervision.

Signed R O Wilcox

Licensed Embalmer No. 3183

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.)