REC'D MAR 24 1938

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

Do not use this space.

File No. 8168

Registered No. 324

1. PLACE OF DEATH

County St. Louis 3

Township

City Jefferson Barracks (No. VETERANS Hospital St. Ward)

Registration District No. 96

Primary Registration District No.

96

2. FULL NAME Charles E. McFarland 216

(a) Residence, No. 2613 Howard St., St., Ward. St. Louis, Missouri.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred unkn. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 25, 1886

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
51	1	22	

OCCUPATION

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

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) Versailles, Mo. 0

FATHER

13. NAME Clark McFarland, 9

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unavailable. 9

MOTHER

15. MAIDEN NAME Florence Brown,

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unavailable.

17. INFORMANT M. Schilling
(ADDRESS) Clinical Clerk, VAF, Jeff. Bks., Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE National Cemetery DATE Feb. 19, 1938

19. UNDERTAKER C. Hoffmeister Und. & Liv. Co.,
(ADDRESS) St. Louis, Mo.

20. FILED 2-18 1938 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 16, 1938.

22. I HEREBY CERTIFY, That I attended deceased from April 15, 1937, to Feb. 16, 1938

I last saw him alive on Feb. 16, 1938. Death is said to have occurred on the date stated above, at 9:30 P.M.

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

	Date of onset
Myocardial Disease Congestive type	
Cardiac Failure with hypertrophy	unkn
and dilatation and an associated	
arrhythmia.	
23-	
Other contributory causes of importance:	
Pleural effusion left, probably	unkn
tuberculous.	

Name of operation none. Date of

What test confirmed diagnosis? Was there an autopsy? No.

Phys. clinical findings, laboratory,

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) C. H. Hughes, M.D., Ch. Med. Officer, M. D.

(Address) VAF, Jefferson Barracks, 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.