

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

13269
Do not use this space.

1. PLACE OF DEATH 1938
 (a) County
 (b) Township
 (c) City St. Louis, Missouri (d) Street No. 791
 (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.
 Primary Registration District No. 1008 Registered No. 3873

2. PRINT FULL NAME FANNIE McFARLAND 916
 (a) Residence, No. 4243 WEST ST FERDINAND St. 11
 (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 <u>FEMALE</u>	4. COLOR OR RACE <u>Colored</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>SINGLE</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>JUNE 27-1917</u>				
7. AGE	YEARS <u>20</u>	MONTHS <u>9</u>	DAYS <u>26</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Student</u>			
	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) <u>Memphis TENNESSEE</u>				
FATHER	13. NAME <u>John McFarland</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>LOUISIANA</u>			
MOTHER	15. MAIDEN NAME <u>Stella Fitzhugh</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>TENNESSEE</u>			
17. INFORMANT <u>A. LANE</u> (ADDRESS) <u>5609 ARSENAL ST</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Washington B.</u> DATE <u>April 27, 1938</u>				
19. FUNERAL DIRECTOR (ADDRESS) <u>Charles G. Bates</u> <u>4107 Sunney Arsenal</u>				
20. FILED <u>APR 26 1938</u> <u>J. D. Bredel</u>				

MEDICAL CERTIFICATE OF DEATH
21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>April 23, 1938</u>
22. I HEREBY CERTIFY, that I attended deceased from <u>NOVEMBER 16</u> , 1937, to <u>APRIL 23</u> , 1938. I last saw her alive on <u>APRIL 23</u> , 1938. Death is said to have occurred on the date stated above, at <u>2:15 A.M.</u> The principal cause of death and related causes of importance were as follows: <u>Pulmonary Tuberculosis</u> Other contributory causes of importance: <u>Intestinal Tuberculosis</u>
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) <u>Geo. S. Cozack, M.D.</u> (Address)

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.

30M-7-20-37 1 X12004

STATEMENT BY LICENSED EMBALMER

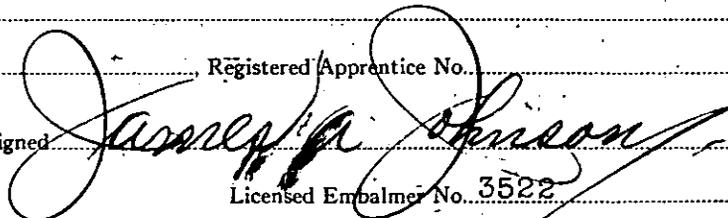
I, James A. Johnson, Licensed Embalmer No. 3522

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

L. E.

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed



Licensed Embalmer No. 3522

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.)