

REC'D MAY 20 1938

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

Do not use this space.

1. PLACE OF DEATH

County

Township

City

Henry
White Oak
Albion

Registration District No.

Primary Registration District No.

387

5490

File No.

Registered No.

14758

St.

Ward

2. FULL NAME

(a) Residence, No.

(Usual place of abode)

St.

Ward.

(If nonresident, give city or town and State)

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

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

Sallie E. Farmer

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

Oct 15 - 1863

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day,hrs.
ormin.

74

6

20

OCCUPATION

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

Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Gen Farm Work

10. Date deceased last worked at this occupation (month and year)

May 3 - 1938

11. Total time (years) spent in this occupation

50

12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

Calumet, Ia

13. NAME

John Farmer

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

Don't know

15. MAIDEN NAME

Sarah Burr

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

Don't know

17. INFORMANT
(ADDRESS)

Sallie E. Farmer

18. BURIAL, CREMATION, OR REMOVAL

PLACE

DATE

Magnolia Coll. Crk 5-6

19. UNDERTAKER
(ADDRESS)

Fred C. Wilkinson

20. FILED

5-9

1938

J. R. Thompson

Registrar

MEDICAL CERTIFICATE OF DEATH

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

May 5 1938

22. I HEREBY CERTIFY, That I attended deceased from

I last saw him alive on May 5, 1938. Death is said

to have occurred on the date stated above, at 1:30 p.m.

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

Death due to natural causes, probably coronary artery disease, from history of

Other contributory causes of importance:

Name of operation

What test confirmed diagnosis

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide?

Where did injury occur?

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

Name of operation

What test confirmed diagnosis

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide?

Where did injury occur?

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

Name of operation

What test confirmed diagnosis

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

S. B. Hughes

312

C. Lamborn

Crown Point, Ind.

M. D.

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