

REC'D MAY 13 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

15740
Do not use this space.

1. PLACE OF DEATH
 (a) County St. Francois Registration District No. 773
 (b) Township St. Francois Primary Registration District No. 6018A
 (c) City Near Farmington (d) Street No. State Hospital No 4 Farmington Registered No. 44
 (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. PRINT FULL NAME Buelah McFarland 216
 (a) Residence, No. Elvins, Mo. 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) Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 18, 1912
 7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
25 11 21

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. None
 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) Loughboro (STATE OR COUNTRY) Missouri
 13. NAME Luther P. McFarland
 14. BIRTHPLACE (CITY OR TOWN) Loughboro (STATE OR COUNTRY) Missouri
 15. MAIDEN NAME Sarah Wright
 16. BIRTHPLACE (CITY OR TOWN) Madison Co. (STATE OR COUNTRY) Missouri

17. INFORMANT State Hospital No. 4 Records (ADDRESS) Farmington, Missouri
 18. BURIAL, CREMATION, OR REMOVAL PLACE Securing DATE 4/15 1938
 19. FUNERAL DIRECTOR Sparks Funeral Co. (ADDRESS) Elvins, Missouri
 20. FILED Apr 4 - 1938 J. Robinson Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 3rd, 1938

22. I HEREBY CERTIFY, That I attended deceased from March 15, 1938, to April 3, 1938
 I last saw her alive on April 3, 1938 Death is said to have occurred on the date stated above, at 5:50 p.m.
 The principal cause of death and related causes of importance were as follows:

Pulmonary tuberculosis Date of onset 23 1/2
 Other contributory causes of importance:
Tubercular pneumonia
Obtuse medial right
myocardial infarction

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? W
 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? W
 If so, specify _____
 (Signed) Paul J. Robinson, M. D.
 (Address) State Hosp # 4, Farmington, Mo

STATEMENT BY LICENSED EMBALMER

I, Everett Sparks, Licensed Embalmer No. 2639

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

No. 2639 or by Chas McFarland, Registered Apprentice No. 2639

working under my personal supervision.

Signed Everett Sparks

Licensed Embalmer No. _____

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.)