

REC'D APR 20 1939

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

Do not use this space.

1. PLACE OF DEATH

91

County
Township
City

RIPLEY
PINE

2

Registration District No.
Primary Registration District No.

752
5993

File No.
Registered No.

12068

2. FULL NAME

620 STILL BOYN. FARRIS

(a) Residence, No.

St.

Ward.

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

(If nonresident, give city or town and State)

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX

F

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

infant

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

3 9 1939

22. I HEREBY CERTIFY, That I attended deceased from

I last saw h. alive on 19. Death is said to have occurred on the date stated above, at m.

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

Date of onset

Other contributory causes of importance:

Name of operation: Registrar Date of: 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) Registrar, M. D.

6976 (Address)

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

INFANT

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

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

OCCUPATION

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

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)

mo. o

13. NAME

MC FARRIS o

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

Mo. o

15. MAIDEN NAME

PAULINE WILLIAMS

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

Mo.

17. INFORMANT (ADDRESS)

MC FARRIS

18. BURIAL, CREMATION, OR REMOVAL

PLACE ON FARM DATE 3 9 1939

19. UNDERTAKER (ADDRESS)

FATHER

20. FILED

4 6 1939

G. L. Sprague Registrar

6976 (Address)

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.

