

MAR 22 1939

REC'D APR 7 1939

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

Do not use this space.

1. PLACE OF DEATH

County St. LouisRegistration District No. 784Township CarondeletPrimary Registration District No. 243City Kennett (No. Rock Hills)File No. 12380
Registered No. 531
St. _____ Ward _____2. FULL NAME Luther E. McFarland(a) Residence, No. 3663 French Ave. Ward _____
(Usual place of abode)Length of residence in city or town where death occurred 1 yrs. 9 mos. 25 ds. How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds. _____
(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Clara Smith6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 9, 18687. AGE YEARS 70 MONTHS 10 DAYS 12 If LESS than 1 day, _____ hrs. _____ min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter9. 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) 1936 11. Total time (years) spent in this occupation 2 1/2 yrs12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Osondale Mo. 013. NAME George McFarland 014. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Genevieve Mo. 015. MAIDEN NAME Elijah Cator16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Osondale Mo.17. INFORMANT (ADDRESS) Rock Hospital Record18. BURIAL, CREMATION, OR REMOVAL PLACE Osondale, Mo. DATE 3-24-3919. UNDERTAKER (ADDRESS) Southern Ind. Co. 632220. FILED MAR 22 1939 J. R. Meyer Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-21 193922. I HEREBY CERTIFY, That I attended deceased from 5-26, 1937, to 3-21, 1939I last saw him alive on 3-21, 1939. Death is said to have occurred on the date stated above, at 8 30 a.m.

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

Pulmonary Tbc. Date of onset 1935?

Other contributory causes of importance:

Name of operation _____ Date of _____

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

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? No. If so, specify _____(Signed) Frederic A. Goldberg M. D.
(Address) Robert Rock Hospital

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.

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Statement of Licensed Embalmer

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me.

Frank Ludwig

No. _____

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