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.

REC'D JUN 14 1939

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

Do not use this space.

18682

1. PLACE OF DEATH

39 County Greene — Registration District No. 323 — File No.

Township Murray — Primary Registration District No. 5448 — Registered No.

City ~~Willard~~ (No. , St. Ward)

2. FULL NAME 656 Fred E. Farmer

(a) Residence, No. Willard St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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 Mrs Nettie H. Farmer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 24, 1872

7. AGE — YEARS 66 — MONTHS 11 — DAYS 16 — If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Merchant
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) Greene Co. Missouri

FATHER

13. NAME Oscar Farmer
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

MOTHER

15. MAIDEN NAME Anna Appleby
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Greene Co, Mo

17. INFORMANT (ADDRESS) Mrs Nettie H. Farmer Willard, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Wesley's Cem. DATE May 12, 1939

19. UNDERTAKER (ADDRESS) R. L. Greenwade Undertaking Co

20. FILED May 11, 1939 Mrs. Ralph Hughes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 10, 1939

22. I HEREBY CERTIFY, That I attended deceased from Aug 24, 1934, to May 10, 1939, 19

I last saw h. M. alive on May 7, 1939. Death is said to have occurred on the date stated above, at 3.15 A.M. m.

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

	Date of onset
Rheumatic Heart Disease	
Mitral Insufficiency and Stenosis	1933
Auricular Fibrillation	1935
Congestive Heart failure	1934

Other contributory causes of importance: 92 A

Name of operation Date of

What test confirmed diagnosis? Ekg, Xray 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) [signature], M. D.

294 (Address) Springfield, Mo.