N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should st[ate] CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very importa[nt]

REC'D AUG 25 1939

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

Do not use this space.

1. PLACE OF DEATH
County Worth
Township Marshall
City (No. St. Ward)

Registration District No. 903 1112
Primary Registration District No. 6713

File No. 27169
Registered No.

2. FULL NAME Sara Law Farr (Stillborn)

(a) Residence, No. 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 F
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 27 – 1939
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) Worth Mo

FATHER
13. NAME Vincent Farr
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT Vincent Farr
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE Jennings DATE July 27 1939

19. UNDERTAKER Vincent Farr
(ADDRESS) Worth Mo

20. FILED 8 – 8 1939 Fred Mull M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) , 19

22. I HEREBY CERTIFY, That I attended deceased from July 27 1939, to July 27 1939
I last saw her alive on July 27, 1939. Death is said to have occurred on the date stated above, at 530 A.m.
The principal cause of death and related causes of importance were as follows: Date of onset
Injury at birth
asphyxia

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Physical findings 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) Charles N. Williamson D.O.
(Address) Gentry Mo

939-1085

FILL IN ANSWERS TO ALL SPACES CHECKED IN RED PENCIL.

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

27169
Do not use this space.

1. PLACE OF DEATH
(a) County Worth — Registration District No. 1112
(b) Township Middlefork — Primary Registration District No. 6213 — Registered No.
(c) City ... (d) Street No. ..., ... St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(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 Sara Law Farr (5-13)
(a) Residence, No. ... 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
F	W	

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7-27-39

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. ...
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) (STATE OR COUNTRY) ...

FATHER
13. NAME ...
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cannot get this information

MOTHER
15. MAIDEN NAME ...
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ...

17. INFORMANT (ADDRESS) ...

18. BURIAL, CREMATION, OR REMOVAL
PLACE ... DATE ..., 19...

19. FUNERAL DIRECTOR (ADDRESS) ...

20. FILED 8-8, 1939 Fred Mull M.D. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-27, 1939

22. I HEREBY CERTIFY, That I attended deceased from ..., 19... to ..., 19...
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 ... Date of ...
What test confirmed diagnosis? ... 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) Chas M. Williamson, M. D.
(Address) Bentley Mo

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.
CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.
All information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S

1939
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