

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.

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

Do not use this space.

FILED DEC 8 1943

014

37858

1. PLACE OF DEATH

County Callaway Registration District No. 47
Township Princeton Primary Registration District No. 3757
City Hector (No. R#1) St. _____ Ward _____

File No. _____

Registered No. 380

2. FULL NAME JOHN THOMAS FARLEY

FARLEY

(a) Residence, No. _____ St. _____ Ward _____
(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. (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) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mattie Farley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 23, 1867
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
76 9 23

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

13. NAME C. E. Farley

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

15. MAIDEN NAME Henrietta Reynolds

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

17. INFORMANT (ADDRESS) Mattie Farley
Portland, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Pleasant Hill DATE Nov. 19 1943

19. UNDERTAKER (ADDRESS) J. J. [unclear]
Fulton, Missouri

20. FILED 11-19 1943 Jesse Mosekoff
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-16 1943

22. I HEREBY CERTIFY, That I attended deceased from 4-30 1943 to 11-16 1943
I last saw him alive on 11-14 1943 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:
Carcinoma of liver with metastasis to throat.

Date of onset rather

Other contributory causes of importance: H6P

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? No
If so, specify _____
(Signed) W. C. Hayne, M. D.
(Address) R#6 Fulton

Leo H. Wallace
Fulton mo

License no 3373