

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

Do not use this space.

21980

**1. PLACE OF DEATH**

County Buchanan Registration District No. 85  
Township \_\_\_\_\_ Primary Registration District No. 1001  
City St. Joseph, (No. 1111 Church, \_\_\_\_\_ St. \_\_\_\_\_ Ward)

File No. \_\_\_\_\_  
Registered No. 650  
St. \_\_\_\_\_ Ward

**2. FULL NAME** George W. Farrington,

(a) Residence, No. 1111 Church, St., \_\_\_\_\_ Ward.  
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 2 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) Widowed,

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 15, 1874

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<u>78</u>	<u>3</u>	<u>18</u>	

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. General

10. Date deceased last worked at this occupation (month and year) July 1920 11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (CITY OR TOWN) Worth county, 1  
(STATE OR COUNTRY) Missouri,

FATHER 13. NAME Gaston Farrington,

14. BIRTHPLACE (CITY OR TOWN) Unknown, 2  
(STATE OR COUNTRY) Virginia,

MOTHER 15. MAIDEN NAME Nancy Kimberlin,

16. BIRTHPLACE (CITY OR TOWN) Unknown,  
(STATE OR COUNTRY) Virginia,

17. INFORMANT Mrs. Phil Hewitt  
(ADDRESS) 1111 Church Street,

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Clarksdale, Mo, DATE July 6th, 1932

19. UNDERTAKER Heaton Beyle & Bowman  
(ADDRESS) 319 S. 10th. St. Funeral Home

20. FILED 7-2-32, 1932 John R. Benson  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 3rd, 1932

I HEREBY CERTIFY, That I attended deceased from July 20, 1932 to July 3, 1932  
I last saw him alive on July 30, 1932 Death is said to have occurred on the date stated above, at 10:50 a.m.  
The principal cause of death and related causes of importance were as follows:

Hepatic Cirrhosis 1 yr  
1248 12413  
Other contributory causes of importance: 0

Name of operation none Date of \_\_\_\_\_  
What test confirmed diagnosis? Phenol Was there an autopsy? Yes

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? Yes  
If so, specify \_\_\_\_\_  
(Signed) J. P. Hewitt M. D.  
(Address) 824 Edmund St. St. Joseph, Mo.

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.

AUG 22 1932

APR 27 1954

STATIONER, 101 SOUTH 10TH ST.

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