

APR 18 1936

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

Do not use this space.

10312

1. PLACE OF DEATH

County Henry Registration District No. 347
Township Jefferson Primary Registration District No. 3018
City Clinton (No. _____) St. _____ Ward _____

File No. _____
Registered No. _____

2. FULL NAME Hermon Preston Faris

(a) Residence, No. 516 E. Jefferson St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 69 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Sallie Faris</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>12-25-1858</u>		
7. AGE	YEARS <u>77</u>	MONTHS <u>2</u>
	DAYS <u>25</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Banker</u>	
	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 <u>63</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Bellefontaine, Ohio</u>		
FATHER	13. NAME <u>Samuel Faris</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>	
MOTHER	15. MAIDEN NAME <u>Sarah Plummer</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>	
17. INFORMANT (ADDRESS) <u>Sallie A. Faris, Clinton, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Englewood</u> DATE <u>3-23-36</u>		
19. UNDERTAKER (ADDRESS) <u>Chas. Williamson, Clinton, Mo.</u>		
20. FILED <u>3-28</u> 19 <u>36</u> <u>J. R. Hamilton</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 20, 1936

22. I HEREBY CERTIFY, That I attended deceased from in death on March 20, 1936, 19____
I last saw him alive on March 20, 1936. Death is said to have occurred on the date stated above, at about 3:15 P.M.
The principal cause of death and related causes of importance were as follows:
Result of his own Auto-mo-bile colliding with the end of a bridge on Highway No. 13. As he was returning along from Webster, Mo. Date of onset _____

Other contributory causes of importance:
None

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to external causes (violence), fill in as follows:
Accident, suicide, or homicide Accident Date of injury March 20, 1936
Where did injury occur? at the end of bridge on Highway No. 13 (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
On public place
Manner of injury Collided with the end of the bridge
Nature of injury fractured right shoulder & ribs

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify None

(Signed) J. S. Jennings M. D.
(Address) Clinton, Mo. Corcoran & Henry

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.

