

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

Do not use this space.

5738

1. PLACE OF DEATH

County Moniteau
Township Burriss fork
City..... (No..... St..... Ward)

Registration District No. 214
Primary Registration District No. 5774-B

File No. 7
Registered No. 214

2. FULL NAME Laura Farris

(a) Residence. No. Enon, Mo. 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 29th 1839

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<u>90</u>	<u>2</u>	<u>29</u>		

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work House Wife
(b) General nature of industry, business, or establishment in which employed (or employer).....
(c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Mo.

10. NAME OF FATHER Calvin Farris

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Penn.

12. MAIDEN NAME OF MOTHER Adeline Stewart

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) West Virginia,

14. INFORMANT Wesley Farris (Address) Enon, Mo.

15. FILE 3-2-1930 Hugh I. Corder REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 28th 1930

17. I HEREBY CERTIFY, That I attended deceased from Feb 1, 1930, to Feb 28, 1930, that I last saw him alive on Feb 28, 1930, and that death occurred, on the date stated above, at 7:30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Stomach Ulcer
117A (duration) yrs. 6 mos. ds.

CONTRIBUTORY (SECONDARY) None (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED? IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? DATE OF.....

WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS (Signed) W. L. Leslie M. D.

2-27, 1930 (Address) Russellville Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Farris Cemetary DATE OF BURIAL Mar. 2nd 1930

20. UNDERTAKER G. N. Steffens ADDRESS Russellville

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.

MAR 28 1930

SECRET

STATE DEPARTMENT

WASHINGTON, D.C.

OFFICE OF THE ASSISTANT ATTORNEY GENERAL

INVESTIGATION OF THE ACTS OF THE UNITED STATES

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