

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

Do not use this space.

21600-a

1. PLACE OF DEATH

County.....Ray
Township.....Richmond
City.....Richmond (No.)

Registration District No. 744
Primary Registration District No. 3035

File No.
Registered No. 77 St. Ward)

2. FULL NAME Willie Allen Farmer

(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) Single

5a. If MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 23 1908

| 7. AGE | YEARS | MONTHS | DAYS | IF LESS than 1 day, hrs. or min. |
|-----------|----------|----------|------|----------------------------------|
| <u>20</u> | <u>3</u> | <u>9</u> | | |

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN).....
(STATE OR COUNTRY) Fleming Ray Co Mo.

10. NAME OF FATHER.....David W Farmer

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

12. MAIDEN NAME OF MOTHER Maggie M Black

13. BIRTHPLACE OF MOTHER (CITY OR TOWN).....
(STATE OR COUNTRY) Kansas

14. INFORMANT Mrs. Maggie Watkins
(Address) Richmond Mo.

15. File No. June 28, 1928 R L Hamilton
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 6-2 1928

17. I HEREBY CERTIFY, That I attended deceased from 5-31 1928 to 6-2 1928 that I last saw him alive on 6-2 1928 and that death occurred, on the date stated above, at.....

THE CAUSE OF DEATH WAS AS FOLLOWS:

18 Cause of Death: 11 B. 110
..... (duration)..... yrs. mos. ds. 7
CONTRIBUTORY (SECONDARY) Influenza
..... (duration)..... yrs. mos. ds. 40

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH..... no

19. DID AN OPERATION PRECEDE DEATH?..... no DATE OF.....

WAS THERE AN AUTOPSY?..... no

WHAT TEST CONFIRMED DIAGNOSIS.....

(Signed) John J. Conroy M. D.

6-27, 1928 (Address) Richmond 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 DATE OF BURIAL

South Point Cem 6/4/28 19

20. UNDERTAKER R. L. Harrison ADDRESS Richmond Mo

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

1928

