

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

Do not use this space.

463

1. PLACE OF DEATH

County Cape Girardeau Registration District No. 129
Township Shannon Primary Registration District No. 5780
City New Madrid (No.) St. Ward)

File No.
Registered No. 3

2. FULL NAME Elizabeth Farrow

(a) Residence. No. 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 Alfred Farrow.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 10 - 1860

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<u>70</u>	<u>8</u>	<u>13</u>		

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) 121st St
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) near Appleton Mo.
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER Pete Walley
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Not Known
12. MAIDEN NAME OF MOTHER Not Known
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Not Known

14. INFORMANT Ed Farrow
(Address) Jackson Mo # P.O. # 5-

15. FILED Jan 24 1931 F. J. Schoen
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 23rd 1931

17. I HEREBY CERTIFY, That I attended deceased from Jan 23, 1931, to Jan 23, 1931, that I last saw her alive on Jan 23, 1931, and that death occurred, on the date stated above, at 10:15 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Tuberculosis lungs
VSA
(duration) may yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 23
(duration) yrs. mos. ds.

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

0 DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS Symptoms (1)
(Signed) D. F. Schubert M. D.

7-24-31 (Address) Jackson 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 McSain Cemetery DATE OF BURIAL Jan 25 1931

20. UNDERTAKER McComb's Funeral Home ADDRESS Jackson 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.

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