JUL 25 1927

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

Do not use this space.
17690

1. PLACE OF DEATH
County: Callaway
Registration District No.: 104
Primary Registration District No.: 3008
File No.:
Registered No.: 117
Township:
City: Fulton (No. ..., St. ..., Ward)

2. FULL NAME: Isabah Fait

(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: 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: Late Margret Fait

6. DATE OF BIRTH (MONTH, DAY AND YEAR): 3/1 1845

7. AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
82	3.	27	

8. OCCUPATION OF DEECEASED
(a) Trade, profession, or particular kind of work: Retired Farmer
(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): Ind.

PARENTS
10. NAME OF FATHER: William Fait
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Ind.
12. MAIDEN NAME OF MOTHER: Whala Hasting
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Ind.

14. INFORMANT: Eugene Scott
(Address) Fulton Mo.

15. July 1, 1927 P. N. Crews
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

5

16. DATE OF DEATH (MONTH, DAY AND YEAR): June 28th, 1927

17. I HEREBY CERTIFY, That I attended deceased from Apr. 2nd, 1927, to June 28th, 1927, that I last saw him alive on June 28th, 1927, and that death occurred, on the date stated above, at 8 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Uremic toxemia, due to retention caused by chronic hypertrophy and inflammation of prostate gland. and following prostatectomy. (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Retention, senility. (duration) 2 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? yes. DATE OF June 25th, 192
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Physical examination
(Signed) Greene D. McCall, M. D
, 19 (Address) Fulton 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: Central Christian Church
DATE OF BURIAL: 7/1 1927

20. UNDERTAKER: Vernon Taylor
ADDRESS: Fulton Mo.

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.