FEB 24 1928

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

Do not use this space. 3664

1. PLACE OF DEATH
County Scotland
Township Jefferson
City ..... (No. ....., ... St. ..... Ward)
Registration District No. 810
Primary Registration District No. 6055
File No. .....
Registered No. 9

2. FULL NAME Erma Jean Faulhaber
(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): Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 30, 1928

7. AGE: YEARS | MONTHS | DAYS | If LESS than 1 day, 10 hrs. or 30 min.

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

9. BIRTHPLACE (CITY OR TOWN) Memphis
(STATE OR COUNTRY) Scotland Co. Mo.

PARENTS
10. NAME OF FATHER John C. Faulhaber
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Middletown
(STATE OR COUNTRY) Montg. Co. Mo.
12. MAIDEN NAME OF MOTHER Bessie Wright
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Memphis
(STATE OR COUNTRY) Scotland Co. Mo.

14. INFORMANT J. C. Faulhaber
(Address) Memphis, Mo.

15. FILED 2/6, 1928 E. E. Parrish
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 30 1928

17. I HEREBY CERTIFY, That I attended deceased from Jan 30, 1928, to Jan 30, 1928 that I last saw h— alive on Jan 30, 1928 and that death occurred, on the date stated above, at 7:30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Premature Birth
7 month
(duration) — yrs. — mos. — ds.

CONTRIBUTORY (SECONDARY) 1 6/W —
(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. E. Alexander, M. D.
2-6, 1928 (Address) Memphis 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: Memphis cemetery
DATE OF BURIAL: 1/30/1928

20. UNDERTAKER: W. R. Payne & Sons
ADDRESS: Memphis

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.