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

Do not use this space.

17654

File No. 281

Registered No. 281

1. PLACE OF DEATH

County: Lawrence — Registration District No. 470

Township: — Primary Registration District No. 4283

City: Mt Vernon, Mo. (No. ..... St. ..... Ward)

2. FULL NAME: Mary Ann Faucett

(a) Residence. No. ..... St., ..... Ward. ..... (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred: 63 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): Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Robert. R Faucett

6. DATE OF BIRTH (MONTH, DAY AND YEAR): April 9-1850

7. AGE: Years 78 | Months 1 | Days 7 | If LESS than 1 day, ..... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN): Madison Co
(STATE OR COUNTRY): Arkansas

PARENTS

10. NAME OF FATHER: Thomas Good

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

12. MAIDEN NAME OF MOTHER: Martha Counts

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

14. INFORMANT: Mattie Walthew
(Address): Mt Vernon Mo

15. FILED: June 10, 1928 W S Fulton, REGISTRAR

## 2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): May 16 1928

17. I HEREBY CERTIFY, That I attended deceased from [illegible] to [illegible] that I last saw her alive on May 18 1928 and that death occurred, on the date stated above, at ..... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic disease of liver kidneys & Pulmonitis
124B (duration) ..... yrs. ..... mos. ..... ds.
162
CONTRIBUTORY (SECONDARY) [illegible] (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED, IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) [illegible] M. D.
, 19 (Address) Mt Vernon

*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: Loop | DATE OF BURIAL: 5/17 1928

20. UNDERTAKER: [illegible] & Co | ADDRESS: Mt V

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.