

UG 21 1928

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

Do not use this space.

23096

1. PLACE OF DEATH

County..... **Buchanan**
Township.....
City..... **St. Joseph,** (No. **1017 No. 19th. St.**)

Registration District No. **85**
Primary Registration District No. **1001**

File No.....
Registered No. **987**
St. Ward)

2. FULL NAME

John Thomas Faucett

(a) Residence. No. St. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred **40** 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)

Married

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

Lenna M. Faucett

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

Sept, 12, 1867

7. AGE

YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
60 10 17

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work **Secty. Faucett Milling**
(b) General nature of industry, business, or establishment in which employed (or employer) **Co. Retired 15 yrs.**
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

Faucett, Mo.

10. NAME OF FATHER

Robert H. Faucett

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Ireland

12. MAIDEN NAME OF MOTHER

Elizabeth Baker

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Buch. Co., Mo.

14.

INFORMANT **T.N. Faucett**
Address **1017 No. 19th. St.**

15.

FILED **JUL 30 1928**
John T. Faucett
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **July, 29, 1928**

17. I HEREBY CERTIFY, That I attended deceased from **July 27**, 1928, to **July 29**, 1928 that I last saw him alive on **July 29**, 1928, and that death occurred, on the date stated above, at **10.55 P.M.**

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Leukaemia (Lymphoid) - 72A

CONTRIBUTORY (SECONDARY)

65W

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? **clinical + blood count**

(Signed) **J. P. Fauson**, M. D.

July 30, 1928 (Address) **Kirk Bldg. St. Joseph 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

Faucett Cemetery

DATE OF BURIAL

Aug, 1, 1928

20. UNDERTAKER

T. Mischoff

ADDRESS

1302 Faraon St.

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.

