

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

Do not use this space.

25586

1. PLACE OF DEATH

County.....
Township.....
City.....

Registration District No. **791**
Primary Registration District No. **1003**
No. **M. K. Stat. 200**

File No.....
Registered No. **7403**
St..... Ward.....

2. FULL NAME

(a) Residence. No. **12** St. **12** Ward. **Tray Mo**
(Usual place of abode)
(If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. da. 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 **Luce Aldrich**

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Feb 5, 1890**

7. AGE YEARS MONTHS DAYS | IF LESS than 1 day, hrs. or min.
5 58 5 14

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) **Ind**
(STATE OR COUNTRY)

10. NAME OF FATHER **John Faust**

11. BIRTHPLACE OF FATHER (CITY OR TOWN) **Ind**
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER **Emeline Fowler**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) **Ind**
(STATE OR COUNTRY)

14. INFORMANT **Luce Aldrich**
(Address) **Tray Mo**

15. FILED **JUL 17 1928**
REGISTRAR **Wm C. Starkey**

3 MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from **July 14**, 19**28**, to **July 16**, 19**28**, and that I last saw her alive on **July 15**, 19**28**, and that death occurred, on the date stated above, at **11:27** a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Intestinal obstruction.
127B
122B
(duration) yrs. mos. **4** da.

CONTRIBUTORY **Cholecystitis**
(SECONDARY)
(duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED **1/18/28**
IF NOT AT PLACE OF DEATH.....
DID AN OPERATION PRECEDE DEATH? **yes** DATE OF OPERATION **quoted June 12**
WAS THERE AN AUTOPSY? **no** **Headen**

WHAT TEST CONFIRMED DIAGNOSIS **clinical**
(Signed) **J. Black**, M. D.
, 19 (Address) **4834 Helman**

*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 **Mr Vernon Ind** DATE OF BURIAL **7/17 1928**

20. UNDERTAKER **A Ellis 574. Helman** ADDRESS

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.

THIS IS A PERMANENT RECORD

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