DEC 31 1928

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

Do not use this space.
37767

1. PLACE OF DEATH
County: Pemiscot
Township: Hayti
City: (No. St. Ward)
Registration District No.: 45-3
Primary Registration District No.: 5864
File No.:
Registered No.: 133

2. FULL NAME: Charlie Faulkes
(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: Black
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): married
5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Viola Faulkes
6. DATE OF BIRTH (MONTH, DAY AND YEAR): Aug. 17, 1905
7. AGE: Years 23 | Months 3 | Days 5 | If LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Farming
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer: C. W. Red. Jr.
9. BIRTHPLACE (CITY OR TOWN): Osceola
(STATE OR COUNTRY): Ark
PARENTS
10. NAME OF FATHER: Frank Faulkes
11. BIRTHPLACE OF FATHER (CITY OR TOWN):
(STATE OR COUNTRY): Tenn.
12. MAIDEN NAME OF MOTHER: Mary Brown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN):
(STATE OR COUNTRY): Tenn.
14. INFORMANT: John Sage
(Address): Hayti, Mo.
15. FILED 11/27/ 1928 J. W. Johnson REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR): Nov. 22, 1928
17. I HEREBY CERTIFY, That I attended deceased from Jan. 1, 1928, to Nov. 22, 1928, that I last saw h. alive on Nov. 21, 1928, and that death occurred, on the date stated above, at 7 a. m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pulmonary Tuberculosis
23A
(duration) 1 yrs. 11 mos. ds.
CONTRIBUTORY (SECONDARY)
(duration) yrs. mos. ds.
18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
8 DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) J. W. Johnson, M. D
11/27/, 1928 (Address) Hayti, 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: Osceola Ark
DATE OF BURIAL: 11/23/ 1928
20. UNDERTAKER: Shepard & Felix.
ADDRESS: Osceola, Ark.

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.