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

Do not use this space.

1721

1. PLACE OF DEATH
County Jackson — Registration District No. 399
Township Kansas — Primary Registration District No. 1002
City Kansas City (No. 2411 Spruce St. Ward)
File No. 215
Registered No.

2. FULL NAME Gloria B. Faulhaber
(a) Residence. No. 2411 Spruce St., 12 Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Fe.	White	Widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 24-62

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ___ hrs. or ___ min.
	66	2	26	

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

9. BIRTHPLACE (CITY OR TOWN) Glascow
(STATE OR COUNTRY) Scotland

PARENTS

10. NAME OF FATHER Andrew Muir
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Glascow
(STATE OR COUNTRY) Scotland
12. MAIDEN NAME OF MOTHER Lockwood
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Unknown

14. INFORMANT Frank A. Faulhaber
(Address) 2411 Spruce

15. FILED 1-22-29 M. M. Gunn REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 20 1929

17. I HEREBY CERTIFY, That I attended deceased from Jan. 3, 1929 to Jan. 20, 1929 that I last saw h.e.r. alive on Jan. 20, 1929, and that death occurred, on the date stated above, at 1:45 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic myocarditis
Chronic arterial hypertension
(duration) yrs. 8 or more mos. ds.
CONTRIBUTORY (SECONDARY) Acute cardiac dilatation
decompensation (duration) yrs. mos. 17 ds.

18. WHERE WAS DISEASE CONTRACTED? Home
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Physical Findings
(Signed) Seaton S. Vincent, M. D
Jan. 21, 1929 (Address) 24th & Jackson

*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	DATE OF BURIAL
Memorial Park	Jan 25 1929
20. UNDERTAKER	ADDRESS
Eglar Funeral Home	600 Linwood

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

24th " Jackson