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

Do not use this space.
41855

1. PLACE OF DEATH
County St. Clair — Registration District No. 765 — File No.
Township ~~Osceola~~ — Primary Registration District No. 4460 — Registered No. 29
City Osceola (No. ..... St. ..... Ward)

2. FULL NAME Charlotte Henriette Faurot
(a) Residence. No. Osceola Mo. St., ... Ward. .....
(Usual place of abode) (If nonresident, give city or town and State)
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.

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.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 7/11/1842

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
87	5	3	

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

9. BIRTHPLACE (CITY OR TOWN) Seneca Co. Ohio
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER John Wesley Williamson
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) New Jersey
12. MAIDEN NAME OF MOTHER Elizebeth Wiseman
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Culpeper Co. Va.

14. INFORMANT Mary Estelle Faurot
(Address) Osceola Mo.

15. FILED 12/16 1929 Ruth Seevers REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 14, 1929

17. I HEREBY CERTIFY, That I attended deceased from Jan 4 1928 to Dec 14 1929 that I last saw h. alive on 12-14 1929, and that death occurred, on the date stated above, at 5 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma of gall bladder region - involving stomach at last months
(duration) 2 yrs. mos. ds.
CONTRIBUTORY (SECONDARY) .....
(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 clinical
WHAT TEST CONFIRMED DIAGNOSIS? physical and
(Signed) Ruth Seevers M. D.
12/15 1929 (Address) Osceola 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	DATE OF BURIAL
Osceola Mo.	Dec. 15 1929
20. UNDERTAKER	**ADDRESS**
Barnett-McCluney-Austin	OSCEOLA Mo.