

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

Do not use this space.

20320

**1. PLACE OF DEATH**

County Polk  
Township Jackson  
City Jackson (No. \_\_\_\_\_)

Registration District No. 700  
Primary Registration District No. 4-929

File No. 8  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(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. da. How long in U.S., if of foreign birth? yrs. mos. da.

**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 Emma Faulkenberry

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 23 1878

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
52 4 23

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Farmer  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Polk Co Mo  
(STATE OR COUNTRY)

10. NAME OF FATHER Wm Faulkenberry

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

12. MAIDEN NAME OF MOTHER Paralee Davis

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Polk Co Mo  
(STATE OR COUNTRY)

14. INFORMANT Paralee Vincent  
(Address) Aldrich Mo

15. FILED June 19 1930 E. E. Moore  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 16 1930

17. I HEREBY CERTIFY, That I attended deceased from July 15 1929, to June 16 1930, that I last saw him alive on June 16 1930, and that death occurred, on the date stated above, at 7:30 P m.

**THE CAUSE OF DEATH WAS AS FOLLOWS:**

Edema Lungo and Dilatation Heart

953 (duration) yrs. mos. 10 da.  
1113

CONTRIBUTORY (SECONDARY) High Blood Pressure  
(duration) 2 yrs. mos. da.

**18. WHERE WAS DISEASE CONTRACTED**

Mo IF NOT AT PLACE OF DEATH?  
DID AN OPERATION PRECEDE DEATH? No DATE OF \_\_\_\_\_  
WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?  
(Signed) B. B. Kirby M. D.  
, 19 (Address) Dardville 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 Pleasant Ridge Cemetery DATE OF BURIAL June 17 1930

20. UNDERTAKER Price Funeral Home ADDRESS Ward 10

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.

JUL 4 1930

