

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

Do not use this space.

23595

1. PLACE OF DEATH.

County Mississippi Registration District No. 566
Township Charleston Primary Registration District No. 3030
City Charleston No. _____ St. _____ Ward _____

File No. _____
Registered No. 68
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 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 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 Sallie Fawkes
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 20, 1849
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
81 6 8

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

9. BIRTHPLACE (CITY OR TOWN) Obion County, Tennessee
(STATE OR COUNTRY)

10. NAME OF FATHER Tompson Fawkes
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY)

14. INFORMANT P. P. Fawkes
(Address) Charleston, Mo.

15. July 29th, 1930 J. S. Vernon
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 28th, 1930
17. I HEREBY CERTIFY, That I attended deceased from July 28th, 1930, to July 28th, 1930, that I last saw him alive on July 28th, 1930 and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Heart Prostration

162 (duration) yrs. mos. ds.
191 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Old Age
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED 305
IF NOT AT PLACE OF DEATH.

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS Chemical Experiments
(Signed) Frank S. Vernon, M. D.
, 19 (Address) Charleston, 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 L. O. O. F. Cemetery DATE OF BURIAL 7/31, 1930

20. UNDERTAKER Lair, Hud. Co. ADDRESS Charleston, Mo.

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

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.

AUG 26 1930

St. Veruon

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