MAR 26 1931

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

Do not use this space.

6532

File No. 12

Registered No.

1. PLACE OF DEATH

County Perry — Registration District No. 660

Township Central — Primary Registration District No. 4396

City Perryville (No. ..... St. ..... Ward)

2. FULL NAME VINCENT FADDLER

(a) Residence. No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)

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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
male	white	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 26 1931

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or 30 min.

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Perryville, Mo.

PARENTS

10. NAME OF FATHER Albert Faddler

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

12. MAIDEN NAME OF MOTHER Ruth Feltz

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Perryville, Mo.

14. INFORMANT Albert Faddler
(Address) Perryville

15. FILED 2/26 1931 Geo. D. Herbst REGISTRAR
for Herbst

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 26 1931

17. I HEREBY CERTIFY, That I attended deceased from Feb 26 1931, 19..., to ..., 19..., that I last saw him alive on Feb 26 1931, 19..., and that death occurred, on the date stated above, at 3:30 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Premature birth 6 months

159

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) 159

(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) [signature], M. D.

, 19 (Address) Perryville, 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: Mount Hope Come — DATE OF BURIAL: Feb 26 1931

20. UNDERTAKER: Zoellner & Young — ADDRESS: Perryville Mo.

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.