

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

Do not use this space.

32169

1. PLACE OF DEATH

County Pack
Township Benton
City Weldon (No.)

Registration District No. 705
Primary Registration District No. 5734

File No.
Registered No. 11
St. Ward)

2. FULL NAME

William T Faulkner

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mary Faulkner</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Apr 3 1859</u>		
7. AGE	YEARS <u>72</u>	MONTHS <u>5</u>
	DAYS <u>2</u>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7 5 1931

22. I HEREBY CERTIFY, That I attended deceased from May 31 1931, to July 27 1931. I last saw him alive on July 27 1931. Death is said to have occurred on the date stated above, at 3:30 P.M.

The principal cause of death and related causes of importance were as follows:
abdominal Drapry
and cordiac heart
gravel

Date of onset

Other contributory causes of importance:
95B

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) B. P. Johnson M. D.
(Address) Buffalo mo

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>
	13. NAME <u>Chas Faulkner</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>not known</u>
	15. MAIDEN NAME <u>Mary Jones</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>not known</u>
	17. INFORMANT (ADDRESS) <u>Ray Faulkner</u> <u>van mo</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Resept Hill</u> DATE <u>9 6 - 31</u>	
19. UNDERTAKER (ADDRESS) <u>Hutchison Blue</u> <u>Bolivar mo</u>	
20. FILED <u>Sept 11 1931</u> <u>W. H. Sloter</u> Registrar	

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.

OCT 24 1931

