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

Do not use this space.

34882

1. PLACE OF DEATH
County: Lafayette — Registration District No. 461. — File No. 70
Township: Lafayette — Primary Registration District No. 3624 — Registered No.
City: Lafayette (No. ..... St. ..... Ward)

2. FULL NAME: Henry Stephen Faulconer
(a) Residence, No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct 4 1856
7. AGE: YEARS 75 — MONTHS 0 — DAYS 3 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer
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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Trimble Co. Ky.

FATHER
13. NAME: Robert F. Faulconer
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ky.

MOTHER
15. MAIDEN NAME: Cornelia Giliam
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Trimble Co Ky.

17. INFORMANT (ADDRESS): Ray A. Faulconer Lexington Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE: Lexington Mo DATE: Oct 9 1931
19. UNDERTAKER (ADDRESS): Ryes & Frey
20. FILED: Oct 7 1931 G.W. Fredendall Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Oct 7 1931
22. I HEREBY CERTIFY, That I attended deceased from Sept 25th 1931, to Oct 7th 1931
I last saw him alive on Oct 7th 1931. Death is said to have occurred on the date stated above, at 10:50 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteria Sclerosis	
97	

Other contributory causes of importance:

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) G.W. Fredendall, M. D.
(Address) Lexington 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.

NOV 24 1931

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