

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.

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

Do not use this space.

Dr. *Handley*

4331

1. PLACE OF DEATH

39 County *Greene* Registration District No. *318*
Township *Springfield Mo. 888 N. Franklin* Primary Registration District No. *205*
City *Springfield Mo. 888 N. Franklin*

File No. *4331*
Registered No. *114*
St. _____ Ward _____

2. FULL NAME

Thomas O. Faucett
(a) Residence, No. *888 N. Franklin 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 *Male* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Widowed*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Amanda Faucett (Dea.)*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Jan. 29 - 1874*

7. AGE YEARS *58* MONTHS *0* DAYS *12* If LESS than 1 day, _____ hrs. _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *machinist 60*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Railroad shops*

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) *Missouri 1*

MOTHER FATHER 13. NAME *Geo. Faucett*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *No data 31*

MOTHER 15. MAIDEN NAME *No data*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *No data*

17. INFORMANT (ADDRESS) *Jimmie Faucett Springfield Mo.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Hazelwood* DATE *Feb 14 1932*

19. UNDERTAKER (ADDRESS) *Alma Schreyer Funeral Home 534 S. 2nd St. Springfield Mo.*

20. FILED *272*, 19*32* *Jan Sharp* Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *FEB 11 1932*

22. I HEREBY CERTIFY, That I attended deceased from *Feb. 5*, 19*32*, to *Feb. 11*, 19*32*

I last saw him... alive on *Feb 11*, 19*32*. Death is said to have occurred on the date stated above, at *11 P. m.*

The principal cause of death and related causes of importance were as follows:

Influenza Date of onset *Feb. 1 1932*
Bronche pneumonia *Feb 5 1932*

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? *No*
If so, specify _____
(Signed) *W. C. Handley*, M. D.
(Address) *Springfield Mo*

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