

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.

1. PLACE OF DEATH
39 County Greene Registration District No. 318
3 Township Springfield Primary Registration District No. 2004
5 City Springfield (No. 2004 W. Freemont St. _____ Ward _____)

2. FULL NAME Mary Carolyn Faucher
(a) Residence, No. 2004 W. Freemont 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)

File No. 4366
Registered No. 157

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 7 - 1845

7. AGE YEARS 87 MONTHS 1 DAYS 16 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. House Keeping
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) Ohio 2

FATHER 13. NAME Lewis Stoltz
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

MOTHER 15. MAIDEN NAME Elizabeth Strockbine
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Va.

17. INFORMANT (ADDRESS) Mrs. Nellie Helvey
Springfield Mo.

18. BURIAL, CREMATION, OR REMOVAL (ADDRESS) Mass Lawn Cemetery DATE Feb 27 1932

19. UNDERTAKER (ADDRESS) W. W. Langford & Co
Springfield Mo.

20. FILED 2-25-32 John Sharp Registrar.

2. MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 23 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 21, 1932, to Feb 19, 1932
I last saw her alive on Feb 19, 1932 Death is said to have occurred on the date stated above, at 5:50 P. m.
The principal cause of death and related causes of importance were as follows:
Ch. Cardiovascular renal disease 6.746
Other contributory causes of importance: senility
Name of operation _____ Date of _____
What test confirmed diagnosis clinical Was there an autopsy? No

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 D
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) Arthur W. Knapp M. D.
(Address) 450 1/2 E. Conil

JAN 22 1932

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