

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

Do not use this space.

31753

1. PLACE OF DEATH  
 24 County Clay Registration District No. 198 File No. \_\_\_\_\_  
 2 Township Excelsior Springs Primary Registration District No. 3011 Registered No. 122  
 4 City Excelsior Springs (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME George William Fayhoffer  
 (a) Residence, No. Chadwick Hotel St. Ward. Washington D.C.  
 (Usual place of abode) Excelsior Springs Mo. (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) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 4 - 1896

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
36 4 27

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Real Estate  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 154  
 10. Date deceased last worked at this occupation (month and year) Oct 1 - 1932 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Randolph 2 Kansas

MOTHER / FATHER  
 13. NAME William Fayhoffer  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind.

MOTHER / FATHER  
 15. MAIDEN NAME Louisa Devine  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Brownstown Ind.

17. INFORMANT Ruth G. Fayhoffer (ADDRESS) Washington D.C.  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Augustine DATE Oct 2 1932  
 19. UNDERTAKER Herbert D. Brown (ADDRESS) Excelsior Springs Mo.  
 20. FILED 10/5 1932 G. D. Brown Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-1 1932

22. I HEREBY CERTIFY, That I attended deceased from 9-20 1932, to 10-1 1932.  
 I last saw him alive on 10-1 1932. Death is said to have occurred on the date stated above, at 10 P.M.  
 The principal cause of death and related causes of importance were as follows:  
Angina Pectoris Date of onset \_\_\_\_\_  
Other contributory causes of importance:  
Arterial Sclerosis  
 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 \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no  
 If so, specify \_\_\_\_\_  
 (Signed) G. D. Brown, M. D.  
 (Address) Excelsior Springs

NOV 23 1932

