

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 10 1933

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

Do not use this space.

32147

1. PLACE OF DEATH  
 County Barton Registration District No. 40  
 Township White Primary Registration District No. 4024  
 City Lamar (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_  
 2. FULL NAME John Oliver Faubion  
 (a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode)  
 Length of residence in city or town where death occurred 22 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. \_\_\_\_\_  
 Registered No. 58

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 Mayme Faubion  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 3-1883  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
50 0 25  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dentist  
 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) Milford Mo.  
 13. NAME Jos. W. Faubion  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Play Beauty Missouri  
 15. MAIDEN NAME Christiana Cook  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jenning Mo.  
 17. INFORMANT (ADDRESS) Mrs. F. O. Faubion Lamar Mo.  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Lake Cemetery DATE Oct 29th 1933  
 19. UNDERTAKER (ADDRESS) J. J. Roberts Lamar Missouri  
 20. FILED Oct 29-1933 A. J. Mynatt Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 28, 1933  
 22. I HEREBY CERTIFY, That I attended deceased from Dec 10, 1933 to Oct 28, 1933  
 I last saw him alive on Oct 28, 1933 Death is said to have occurred on the date stated above, at 12:45 P.M.  
 The principal cause of death and related causes of importance were as follows:  
Spontaneous  
of Brain  
 Date of onset \_\_\_\_\_  
 Other contributory causes of importance: \_\_\_\_\_  
 Name of operation Growth removed Date of \_\_\_\_\_  
 What test confirmed diagnosis? Section taken 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) C. E. Duerel, M. D.  
 (Address) Lamar Mo.

