

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.

38972

113  
PLACE OF DEATH

County North  
Township Smith  
City Hollandsdale (No. \_\_\_\_\_)

Registration District No. 903  
Primary Registration District No. 6211

File No. \_\_\_\_\_  
Registered No. 50 St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Henry Joseph Faustlin

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward. \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred 25 yrs. 9 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 <u>Male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Frances Faustlin</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 2, 1872</u>		
7. AGE YEARS <u>61</u>	MONTHS <u>8</u>	DAYS <u>5</u>
If LESS than 1 day, _____ hrs. or _____ min.		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>farmer</u>		
10. Date deceased last worked at this occupation (month and year) _____		
11. Total time (years) spent in this occupation _____		

12. BIRTHPLACE (CITY OR TOWN) Bahlingen  
(STATE OR COUNTRY) Baden, Germany

13. NAME Joseph Faustlin

14. BIRTHPLACE (CITY OR TOWN) Bahlingen  
(STATE OR COUNTRY) Baden, Germany

15. MAIDEN NAME Katherine Linsmeyer

16. BIRTHPLACE (CITY OR TOWN) Not known  
(STATE OR COUNTRY) \_\_\_\_\_

17. INFORMANT J. P. Brown  
(ADDRESS) Denver, Mo.

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Memorial Cemetery DATE 11-9-39

19. UNDERTAKER Brown Brothers  
(ADDRESS) Denver, Mo.

20. FILED 1-4-39 J. M. Anderson  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 7, 1933

22. HEREBY CERTIFY That I attended deceased from Oct 15, 1933 to Nov 7, 1933

I last saw him alive on Nov 5, 1933 Death is said to have occurred on the date stated above, at 3:00 P.M.

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

Coronary Sclerosis Date of onset \_\_\_\_\_

46E

Other contributory causes of importance: 46E

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis Physical findings \_\_\_\_\_

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) J. H. Hall M. D.

(Address) Franklin, Mo.

