

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

Do not use this space.

2789

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 003
City..... (No. Josephine Hospital)

File No.
Registered No. 426 St. Ward)

2. FULL NAME

Rev Fairchild
(a) Residence, No. 5528 Pershing St., 17 Ward.
(Usual place of abode) (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 <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>Violet Fairchild</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>11-11-1891</u>		
7. AGE	YEARS <u>42</u>	MONTHS <u>2</u>
	DAYS <u>0</u>	IF LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Auditor</u>	11. Total time (years) spent in this occupation.....
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Gen'l Motors Corp</u>	
10. Date deceased last worked at this occupation (month and year).....	

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Bangor Me.

MOTHER FATHER
13. NAME
Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Maine

15. MAIDEN NAME
Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Maine

17. INFORMANT Violet Fairchild
(ADDRESS) 5528 Pershing Ave

18. BURIAL, CREMATION, OR REMOVAL
PLACE Kindusheag Me DATE 1-12-34

19. UNDERTAKER H. A. Stark, Und Co
(ADDRESS) 2117 E. Grand St

20. FILED J. Brebeck
Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 11 1934
22. I HEREBY CERTIFY That I attended deceased from 1-3 1934 to 1-10 1934
I last saw him alive on 1-10 1934 Death is said to have occurred on the date stated above, at 7:20 P. m.
The principal cause of death and related causes of importance were as follows:

appendicitis gangrenous Date of onset 1-3-34
Peritonitis 1-5-34

Name of operation Appendectomy Date of 1-5-34
What test confirmed diagnosis? Was there an autopsy?

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 No.
(Signed) Philip Schuck M. D.
(Address) 17103 S Grand

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.

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Dr. Philip Lehmann
1703 - 1894

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