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.

MAR 24 1934

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

Do not use this space.

File No. 3854

Registered No. 1.

1. PLACE OF DEATH

6 County Barton Registration District No. 46.

Township [illegible] Primary Registration District No. 5069

City Nashville Mo. (No. , St. Ward)

2. FULL NAME William Neeley Faucett

(a) Residence, No. Nashville St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 8 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~~ Sarah Faucett

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 21 1858

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
75	7	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

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) Overton Co. Tenn.

FATHER

13. NAME Henry Faucett

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

MOTHER

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Sarah Faucett Nashville Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Highland Park DATE Feb. 10 1934

19. UNDERTAKER (ADDRESS) E. K. Smith Pittsburg, Ks.

20. FILED Feb 10 1934 Gladys Overman Smith Registrar.

MEDICAL CERTIFICATE OF DEATH

1

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 8, 1934

22. I HEREBY CERTIFY, That I attended deceased from Feby 7, 1934, to Feby 8, 1934

I last saw her alive on Feby 7, 1934. Death is said to have occurred on the date stated above, at 3 P. m.

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

Carcinoma of Liver 465

46

Date of onset

Other contributory causes of importance:

Name of operation ✓ Date of ✓

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

(Signed) Geo J. P. Zerbe, M. D.

(Address) Meeden Mines Mo.