

DEC 4 1934

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

Do not use this space

Mitchell  
Dr. Rep 39089

## 1. PLACE OF DEATH:

County Wagon Registration District No. 317  
Township Wagon Primary Registration District No. 544A  
City Battlefield Mo. (No. Battlefield Mo., St.                      Ward                     )

## 2. FULL NAME

(a) Residence, No.                      Wm. B. Faulk Ward.                       
(Usual place of abode) Battlefield, 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 Lizzie V. Faulk

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 25 - 1861

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
72 10 29

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) Buck Co. Penna

13. NAME Benjamin Faulk

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

15. MAIDEN NAME Mary Baker

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

17. INFORMANT (ADDRESS) Wm. B. Faulk  
Battlefield Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Wagon Nov. 25, 1934

19. UNDERTAKER (ADDRESS) Anna L. Meyer  
Springfield Mo.

20. FILED Nov. 24, 1934 Bertha Mauer  
Registrar.

## 2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 23 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 22, 1934, to Nov 23, 1934

I last saw him alive on Nov 23, 1934 Death is said to have occurred on the date stated above, at 3:20 A.M.

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

Diabetes Mellitus  
Senility  
Other contributory causes of importance: 54

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?                       
If so, specify                     

(Signed) R. B. Mitchell, M. D.

(Address) Republic Mo

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.

WHITE PAPER, WITH UNFADING INK—THIS IS A PERMANENT RECORD

