

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.

DEC 18 1934

1. PLACE OF DEATH

County Laurance
 Township Ward
 City (No. _____) _____

Registration District No. 472
 Primary Registration District No. 5636

File No. 43536
 Registered No. 101 St. _____ Ward _____

2. FULL NAME

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct 1 - 1898</u>		
7. AGE	YEARS	MONTHS
	<u>36</u>	<u>2</u>
		<u>3</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Janitor</u>		
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) <u>Dade Co.</u>		
13. NAME <u>J. H. Faust</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Dade Co.</u>		
15. MAIDEN NAME <u>Othelia Brown</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Dade Co.</u>		
17. INFORMANT (ADDRESS) <u>H. E. Faust, Stott City, Ind</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Forest Hill</u> DATE <u>Dec 24, 1934</u>		
19. UNDERTAKER (ADDRESS) <u>Phillip V. Fossard, Mt Vernon Mo.</u>		
20. FILED <u>12/18</u> - 19 <u>34</u> <u>Thos H. Powell</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 4, 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 2, 1934, to Dec 4, 1934
 I last saw him alive on Dec 2, 1934 Death is said to have occurred on the date stated above, at 3 A. m.
 The principal cause of death and related causes of importance were as follows:
Influenza -
IB
IB
 Other contributory causes of importance:

Name of operation _____ Date of _____
 What test confirmed diagnosis? Chm. & W. T. 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) PA Halmer, M. D.
 (Address) Mt Vernon Mo

JUL 7 1942