

AGE 27 yrs

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

Do not use this space.

23371 ✓

1. PLACE OF DEATH  
 County Jackson Registration District No. 401  
 Township Van Buren Primary Registration District No. 4236  
 City Rolla (No. Rolla) St. Mo. Ward

2. FULL NAME Josie Faulkenbury  
 (a) Residence, No. Long Jack St. Mo. Ward   
 (Usual place of abode) (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred 35 yrs. - mos. - ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed (Write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Frances Faulkenbury

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 24 - 1868

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, .....hrs. or .....min.
	<u>67</u>	<u>4</u>	<u>11</u>	

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

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) spends in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

13. NAME Calvin Dimmitt

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

15. MAIDEN NAME Nancy Markel

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

17. INFORMANT (ADDRESS) Mrs. Dottie West, Long Jack, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Long Jack DATE July 7, 1935

19. UNDERTAKER (ADDRESS) Bilds - Parkes, 1015 Superior St., Rolla, Mo.

20. FILED July 7, 1935 Uernie E. Yankes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July - 5 - 1935

22. I HEREBY CERTIFY, That I attended deceased from June 11, 1935, to July 5, 1935. I last saw her alive on July 3, 1935. Death is said to have occurred on the date stated above, at 12:30 a.m.

The principal cause of death and related causes of importance were as follows:  
Chronic myocarditis (Date of onset 1924)  
Cholelithiasis (Date of onset 1930)

Other contributory causes of importance:  
None

Name of operation None Date of   
 What test confirmed diagnosis? None 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) Clint L. Miller, M. D.  
 (Address) Leo Summit, Mo.

WRITE CLEARLY, 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.

