

OCT 22 1935

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

Do not use this space.

29711

1. PLACE OF DEATH

County JacksonRegistration District No. 399Township WoodPrimary Registration District No. 1002City Ostlin (No. 1714 Forest)File No. _____
Registered No. 050928
St. _____ Ward)2. FULL NAME Mary Charlie Faulkner(a) Residence, No. 1714 Forest St. _____ 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 Female 4. COLOR OR RACE Col. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 14 - 19357. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 98. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

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) Mo13. NAME Geo Faulkner14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo15. MAIDEN NAME Vern Green16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo17. INFORMANT Vern Faulkner (ADDRESS) 1714 Forest18. BURIAL, CREMATION, OR REMOVAL PLACE Blue Ridge Cem DATE Sept. 27 193519. UNDERTAKER Brook Camp & Co (ADDRESS) 1129 E. 1st St20. FILED Sept 27 1935 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9/23/35, 1935

22. I HEREBY CERTIFY THAT I attended deceased from _____, 19____, to _____, 19____.

I last saw _____ alive on _____, 19____. Death is said to have occurred on the date stated above at _____ m.

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

Prematurity

Date of onset

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Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis _____ 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) _____, M. D.

(Address) _____

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.

