JAN 16 1936

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

Do not use this space.

39913

1. PLACE OF DEATH
County Jackson — Registration District No. 403 — File No.
Township Brooking — Primary Registration District No. 5557 — Registered No.
City — (No. 8138 Dundee St. Ward)

2. FULL NAME John Fallis Jr
(a) Residence No. 8138 Dundee St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 60 yrs. 10 mos. 3 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) Widower

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 21-1854

7. AGE Years 81 Months 11 Days 4 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
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) Mo

FATHER
13. NAME John Fallis
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky

MOTHER
15. MAIDEN NAME Sarah O'Brien
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind

17. INFORMANT (ADDRESS) Jm. Earl Fallis 8138 Dundee

18. BURIAL, CREMATION, OR REMOVAL
PLACE Bellon Cem DATE Dec 28 1935

19. UNDERTAKER (ADDRESS) A. P. Doehler 1415 E 10

20. FILED 12-31 1935 W. W. Gloffe M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 25, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 4, 1933, to Dec 25, 1935. I last saw him alive on Dec 24, 1935. Death is said to have occurred on the date stated above, at 8 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Dilation heart	12/24/35
Other contributory causes of importance: Mitral Regurgitation before	1933

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? No 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 No
(Signed) S. W. Fairs, M. D.
(Address) 404 E W 75 Th.

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.