

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

Do not use this space.

25579

AUG 15 1936

1. PLACE OF DEATH

County Buchanan Registration District No. 85
Township Washington Primary Registration District No. 1001
City St. Joseph (No. State Hospital #2)

File No.
Registered No. 938
St. Ward)

2. FULL NAME

William Faubion
(a) Residence, No. Atchinson County Home St. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 2 yrs. 13 mos. 13 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (writes the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Single
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1857 Est
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
Est 79

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Co Home Lost Several yrs
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) Worth County Mo

13. NAME John Jackson Faubion

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

15. MAIDEN NAME Nancy Jane Cowan

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

17. INFORMANT State Hosp #2 Records (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL Cremation DATE 7-16-36

19. UNDERTAKER Barry A. White (ADDRESS)

20. FILED July 16 1936 H. J. Neelhouse Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 15 1936
22. I HEREBY CERTIFY, That I attended deceased from Nov 19 1935 to July 15 1936
I last saw h. i. m. alive on July 14 1936. Death is said to have occurred on the date stated above, at 5⁰⁰A m.
The principal cause of death and related causes of importance were as follows:

Heat Exhaustion

Date of onset

Other contributory causes of importance:

Senility

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy? yes

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? Yes
If so, specify
(Signed) C. C. DeLong M. D.
(Address) State Hosp #2

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.

1918

1919

1920