

AUG 21 1936 MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Jackson Registration District No. 401 File No. 26985
Township Waukegan Primary Registration District No. 3356 Registered No. _____
City Low Jack RFD St. _____ Ward) _____

2. FULL NAME

(a) Residence, No. Low Jack RFD (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>F-M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 21 - 66</u>		
7. AGE	YEARS <u>69</u>	MONTHS <u>6</u>
	DAYS <u>13</u>	IF LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	11. Total time (years) spent in this occupation.
	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)	

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Low Jack Mo

13. NAME J. D. Faulkenberry

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Low Jack Mo

15. MAIDEN NAME Mary Jane Spawhorn

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Low Jack Mo

17. INFORMANT (ADDRESS) Miss Lillian Faulkenberry Low Jack Mo

18. BURIAL CREMATION, OR REMOVAL PLACE Low Jack Mo DATE 7-6-36

19. UNDERTAKER (ADDRESS) Z. O. Webb Oak Grove Mo

20. FILED July 7, 1936 Verbie E. Yankee Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 4, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1936 to July 4, 1936
I last saw her alive on July 4, 1936 Death is said to have occurred on the date stated above, at 11:20 P.M.

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

Lobar Pneumonia Date of onset: 7/1/36
Cerebral Hemorrhage 7/1/36

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? No
If so, specify _____

(Signed) W. Beckerman, M. D.
(Address) Strasburg Mo

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.

WHITE PAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

