

MAY 17 1937

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

Do not use this space.

1. PLACE OF DEATH

County Barry
Township Flat Creek
City (No.) (Ward)

Registration District No. 29
Primary Registration District No. 5038

File No. 15596
Registered No. 33

2. FULL NAME

William Gerald Faucett
(a) Residence, No. Cornwell No 10 St. R 2 Ward. (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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 19th 1869

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
67 11 16

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

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) Hillsboro Texas

13. NAME Faucett

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

15. MAIDEN NAME OK

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

17. INFORMANT (ADDRESS) Don Faucett

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Ridge DATE 3/7th 1937

19. UNDERTAKER (ADDRESS) Harrie - Culver
Cornwell No

20. FILED 5-10, 1937 J. G. ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 5th, 1937

22. I HEREBY CERTIFY, that I attended deceased from March 5th 1937 to Mar. 5th 1937

I last saw him alive on Mar 5th 1937. 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:

Coronary Embolus Date of onset 3/5/37

Other contributory causes of importance: 94 B

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

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 3

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) W. M. ...
(Address) Cornwell, 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.

OCCUPATION

FATHER MOTHER

