

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

Do not use this space.

**JUL 31 1937**

**1. PLACE OF DEATH**

County Platte  
Township Causes  
City (No. \_\_\_\_\_) \_\_\_\_\_

Registration District No. 696  
Primary Registration District No. 5924

File No. 24621  
Registered No. 20  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Edmund Dean Faulkner

(a) Residence, No. \_\_\_\_\_ 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 Male 4. COLOR OR RACE white 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) May 29, 1897

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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

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) Platte Co., Mo.

13. NAME Edmund Faulkner

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Platte Co., Mo.

15. MAIDEN NAME Catherine Wood

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Platte Co., Mo.

17. INFORMANT Mrs. Vera Campbell (ADDRESS) Platte City, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Platte City, Mo. DATE 5-31-37

19. UNDERTAKER St. Polesine (ADDRESS) Platte City, Mo.

20. FILED July 5, 1937 Mrs. Francis E. Murray Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 30, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 29, 1937, to May 30, 1937.

I last saw him alive on May 30, 1937. Death is said to have occurred on the date stated above, at 10.2 m.

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

Aseptic Neonatorum

Other contributory causes of importance: \_\_\_\_\_

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 3

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_

If so, specify \_\_\_\_\_

(Signed) J. E. Van Winkle M.D.

(Address) Platte City, 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.

