DEC 27 1937

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

Do not use this space.

File No. 42291

Registered No.

1. PLACE OF DEATH
County Reynolds
Township Lesterville
City (No. , St. Ward)

Registration District No. 749
Primary Registration District No. 5984

2. FULL NAME Martha Ann Faulkenberry

(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 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: fem
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF James Faulkenberry

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 24, 1860

7. AGE: Years 77 | Months 7 | Days 6 | 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. house wife
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) Reynolds Co. Missouri

FATHER
13. NAME John Welsh
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

MOTHER
15. MAIDEN NAME unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT James Faulkenberry
(ADDRESS) LEsterville Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Lesterville Mo. DATE 8/31/37 19

19. UNDERTAKER Norman White & Son
(ADDRESS) Ironton Mo.

20. FILED Aug 30 1937 E. M. Fitzpatrick Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 30 37

22. I HEREBY CERTIFY, That I attended deceased from Aug. 1936, to Aug. 30 1937
I last saw him alive on Aug. 30 1937. Death is said to have occurred on the date stated above, 3.30A m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma of the Throat | |

Other contributory causes of importance: HS

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? 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) E. M. Fitzpatrick, M. D.
(Address) Lesterville, 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.