REC'D APR 23 1938

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

Do not use this space.

1. PLACE OF DEATH
County Shannon — Registration District No. 825 — File No. 12256
Township Montier — Primary Registration District No. 6085 — Registered No. 5
City ~~Montier~~ (No. ..... St. ..... Ward)

2. FULL NAME Lewis Henry Faber 110
(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 5 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): Widowed

5A. ~~IF MARRIED~~, WIDOWED, ~~OR DIVORCED~~ ~~HUSBAND OF~~ (OR) ~~WIFE~~ OF Nora Hammaker

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 12-9 1856

7. AGE: 81 YEARS — MONTHS: 3 — DAYS: 11 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Farming
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Jefferson Co
(STATE OR COUNTRY) Iowa

PARENTS
10. NAME OF FATHER Henry Faber
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Germany
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Germany

14. INFORMANT Frank Lynch
(Address) Montier Mo.

15. FILED Mar. 21 1938 Mrs. Lyle Bradley REGISTRAR
773

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar. 20 1938

17. I HEREBY CERTIFY, That I attended deceased from Mar. 14, 1938, to ....., 19..... that I last saw h..... alive on Mar. 14, 1938, and that death occurred, on the date stated above, at 12 o'clock m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Undetermined

20013

..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) .....
..... (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) R. I. Davis, M. D
, 19 (Address) Birch Tree Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Montier Cemetery — DATE OF BURIAL: Mar. 21 1938

20. UNDERTAKER: John F. Duncan — ADDRESS: Mtn. View 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.