

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.

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

Do not use this space.

REC'D APR 18 1938

12408

1. PLACE OF DEATH

County *Washington*
Township *Bretas*
City *Palmer* (No. _____) St. _____ Ward _____

Registration District No. *887*
Primary Registration District No. *6199*

File No. _____
Registered No. _____

2. FULL NAME

Fredddie L Faulkner 42

(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 *M* 4. COLOR OR RACE *w* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Child*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Feb 1 1937*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
1 2.8

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

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) *Marion Mo*

13. NAME *Fred Faulkner*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Mo*

15. MAIDEN NAME *Pattie Gaddis*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Palmer Mo*

17. INFORMANT (ADDRESS) *Pattie Gaddis*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Mitchell* DATE *Mar 31 1938*

19. UNDERTAKER (ADDRESS) *Sparks Palmer Mo*

20. FILED *Mar 31 1938* *G.F. Creswell Registrar*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Mar 29 1938*

22. I HEREBY CERTIFY, That I attended deceased from *Mar 25 1938* to *Mar 29 1938*
I last saw her alive on *Mar 25 1938* Death is said to have occurred on the date stated above, at *9 P.M.*

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

Measles
Date of onset _____
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 _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? *No*

If so, specify _____

(Signed) *G.F. Creswell*, M. D.

(Address) *Palmer Mo*

