

REC'D MAY 17 1938

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

Do not use this space.

1. PLACE OF DEATH

County *Johnson*Registration District No. *431*File No. *15019*

Township

Primary Registration District No. *3023*Registered No. *40*City *Warrensburg* (No. _____) St. _____ Ward _____2. FULL NAME *Eugene Detrion 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 <i>Male</i>	4. COLOR OR RACE <i>white</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>married</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Mary Faulkner</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Mar. 31 - 1877</i>		
7. AGE	YEARS <i>61</i>	MONTHS <i>0</i>
	DAYS <i>19</i>	If LESS than 1 day,hra. ormin.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Merchant</i>	11. Total time (years) spent in this occupation
	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)	

12. BIRTHPLACE (CITY OR TOWN) *Warrensburg, Mo*
(STATE OR COUNTRY)13. NAME *Detrion J. Faulkner*14. BIRTHPLACE (CITY OR TOWN) *Va.*
(STATE OR COUNTRY)15. MAIDEN NAME *Jennie E. Davis*16. BIRTHPLACE (CITY OR TOWN) *Va.*
(STATE OR COUNTRY)17. INFORMANT *Mrs Eugene D. Faulkner*
(ADDRESS) *Warrensburg, Mo*18. BURIAL, CREMATION, OR REMOVAL
PLACE *Sunset Hill* DATE *April 21, 1938*19. UNDERTAKER *Sweeney Phillips*
(ADDRESS) *Warrensburg, Mo*20. FILED *Apr 21, 1938* *E. J. Bentley*
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *April 20, 1938*22. I HEREBY CERTIFY, That I attended deceased from *March 5th, 1938, to April 20th, 1938*I last saw him alive on *April 20th, 1938*. Death is saidto have occurred on the date stated above, at *2 A* m.

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

Chronic Coronary Arteriosclerosis with myocardial decompression of right ventricle

Date of onset

Other contributory causes of importance: *know of none*

Name of operation _____ Date of _____

What test confirmed diagnosis? *P.M.* Was there an autopsy? *yes*

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) *J. O. Wall*, M. D.(Address) *Warrensburg, Mo*

391

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.

10