

DEC 7 JUL 14 1938

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

Do not use this space.

1. PLACE OF DEATH  
 County St. Francois Registration District No. 773  
 Township Pendleton Primary Registration District No. 6023  
 City Don-Run (No. ....) St. .... Ward ....

2. FULL NAME George Washington Faulkner 195  
 (a) Residence, No. .... St. .... Ward ....  
 (Usual place of abode)  
 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.

22823

File No. ....  
 Registered No. 75

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) Feb 28 - 1882

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ..... hrs. or ..... min.
<u>56</u>	<u>3</u>	<u>11</u>	

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

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 ..... 0

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

FATHER

13. NAME Joseph S. Faulkner

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER

15. MAIDEN NAME Margaretta Halley

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fredericktown

17. INFORMANT (ADDRESS) Miss Katie Faulkner Don Run Mo

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Don Run Mo DATE June 12, 1938  
1007 Cem. White & Hill

19. UNDERTAKER (ADDRESS) Brown & Hill

20. FILED June 10 1938 S. J. Robinson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 9, 1938

22. I HEREBY CERTIFY That I attended deceased from April 11, 1938, to June 9, 1938  
 I last saw him alive on May 28, 1938 Death is said to have occurred on the date stated above, at 11:55 Am.  
 The principal cause of death and related causes of importance were as follows:  
Cancer of Liver, secondary to Rectum. Date of onset Unknown  
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Other contributory causes of importance:  
Myocarditis, nephritis (chronic) and arteriosclerosis.

Name of operation ..... Date of .....  
 What test confirmed diagnosis? ..... 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) L. M. Starfield M. D.  
699 (Address) Harmon

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.

