

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

Do not use this space.

REC'D SEP 23 1938

29327

**1. PLACE OF DEATH**

County Linn  
Township Crossfork  
City Amoy (No. \_\_\_\_\_)

Registration District No. 467  
Primary Registration District No. 11280

File No. \_\_\_\_\_  
Registered No. 45 (Ward) \_\_\_\_\_

**2. FULL NAME**

James Franklin Fall 400

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward. Marionville, Mo.  
(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.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Fall

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 19 1892

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
66 1 1

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

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) Ohio

13. NAME James Fall

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

15. MAIDEN NAME Levit Kison

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

17. INFORMANT (ADDRESS) Mrs J. F. Fall Marionville, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Marionville DATE Aug 22 38

19. UNDERTAKER (ADDRESS) Burdick Funeral Home Marionville, Mo

20. FILED 8-20 1938 R. D. Carbon Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 20 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug 15 1938 to Aug 20 1938.

I last saw him alive on Aug 20 1938. Death is said to have occurred on the date stated above, at 12:15 p.m.

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

Chronic Endocarditis Date of onset 10 yrs.

Other contributory causes of importance: 92h

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) Wayne M. Weaver (Address) Marionville, Mo.

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.

RECEIVED

District Health Officer No. 6,

District File Number 6-38-103

Date Filed 9-20-38