Dec 11 JAN 17 1939

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

Do not use this space.

42277

File No.
Registered No. 22

8 2 0

1. PLACE OF DEATH
County Benton
Township White
City Lincoln (No. 460 St. Ward)

Registration District No. 60
Primary Registration District No. 9033

2. FULL NAME Tobias Failer

(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 white,
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) Married,

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 23 1859

7. AGE
YEARS 79 MONTHS 7 DAYS 17 If LESS than 1 day, hrs. or min.

OCCUPATION
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. Retired Farmer,
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

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

FATHER
13. NAME Tobias Failer
14. BIRTHPLACE (CITY OR TOWN) dont know
(STATE OR COUNTRY) Missouri

MOTHER
15. MAIDEN NAME Eliza Biler
16. BIRTHPLACE (CITY OR TOWN) Lincoln
(STATE OR COUNTRY) Missouri,

17. INFORMANT John Failer
(ADDRESS) Lincoln Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Lincoln Ceme, DATE Dec, 11 1938

19. UNDERTAKER J. B. Calbert
(ADDRESS) Lincoln Mo.

20. FILED Dec. 11 1938 Mrs. Amy K. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 10 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 4 1938, to Dec 10 1938
I last saw him alive on Nov 29 1938. Death is said to have occurred on the date stated above, at 1:15 P m.
The principal cause of death and related causes of importance were as follows:

Nephritis (Bright's Disease) Date of onset 1935

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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?
If so, specify
(Signed) S. B. Strallow, M. D.
(Address) Lincoln 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.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

RECEIVED
District Health Officer No. 71
District File Number 7-39-160
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