

1939 JUN 14 1939

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

Do not use this space.

1939

1. PLACE OF DEATH

County Stoddard
Township Duck Creek
City Purco

Registration District No. 840
Primary Registration District No. 6102

File No. _____
Registered No. 13
St. _____ Ward _____

2. FULL NAME

(2 P) Claude Edward Faries
(a) Residence, No. Wappapella, Mo., 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 BABY

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11, 30, 1937

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
1 6 5

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 0

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

13. NAME Cyril W. Faries

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

15. MAIDEN NAME Mary Durham

16. BIRTHPLACE (CITY OR TOWN) Wappapella, Mo.
(STATE OR COUNTRY) Missouri

17. INFORMANT Cyril W. Faries
(ADDRESS) Wappapella, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Wappapella DATE 5, 7, 1939

19. UNDERTAKER Russell Mortuary
(ADDRESS) Pagott Ave

20. FILED 3-7 1939 Bernice Duput
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5, 6, 1939

22. I HEREBY CERTIFY, That I attended deceased from 5, 5, 1939 to 5, 6, 1939

I last saw him alive on 5, 6, 1939 Death is said to have occurred on the date stated above, at 7:30 A.M.

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

Drinking Heosine Date of onset 5.5.39

Other contributory causes of importance:

acute Peritonitis

Name of operation _____ Date of _____

What test confirmed diagnosis? Chemical Was there an autopsy? Y.N.W.

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury 5-5, 1939

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, 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) Dr. John H. Nelson M. D.

(Address) Purco, Missouri

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.

STATE HEALTH DEPARTMENT, WITH CHANGING INSTRUCTIONS IS A PERMANENT RECORD

1-2764

