

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

21497
Do not use this space.

REC'D JUL 6 1939

1. PLACE OF DEATH
 (a) County Bollinger Registration District No. 18
 (b) Township Union Primary Registration District No. 5707
 (c) or City (d) Street No. _____ St. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME James Faircloth
 (a) Residence, No. 1 Bollinger Co St. (If nonresident, give city or town and State)
 (Usual place of abode; if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sarah Glennis Faircloth
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 16, 1859
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 80 2 6
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer - Retired
 9. Industry or business in which work was done, as saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 22, 1939
 22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1939 to May 22, 1939
 First saw him alive on March 30, 1939 Death is said to have occurred on the date stated above, at 10:00 A.M.
 The principal cause of death and related causes of importance were as follows:
Chronic nephritis Date of onset _____
 Other contributory causes of importance: Arterio Sclerosis
 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) W. Harry Barrow, M. D.
 (Address) 7 Fredericktown
Mo

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Madison Co Missouri
 FATHER 13. NAME Benjamin Faircloth
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Alabama
 MOTHER 15. MAIDEN NAME Jane Hollar
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Alabama
 17. INFORMANT (ADDRESS) Everett Faircloth
Oshta Mo
 18. BURIAL, CREMATION, OR REMOVAL PLACE Line Hill Cem. Boll Co DATE May 23, 1939
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Ed. H. Nett
Fredericktown Mo
 20. FILED 7/3 1939 Bertha Weston
by friends of deceased

(Licensed Embalmer's Statement on Reverse Side)

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

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.

MARGIN RESERVED FOR BINDING

V. S. NO. 2
50M-9-10-33
I X1603

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.