

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

Do not use this space.

13918

**1. PLACE OF DEATH**

County Henry  
Township Windsor  
City (No. \_\_\_\_\_) \_\_\_\_\_

Registration District No. 14  
Primary Registration District No. 5496

File No. \_\_\_\_\_  
Registered No. 16  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** John W. Faler

(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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>M</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Thurissia Berry</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 12-1860</u>		
7. AGE <u>70</u>	YEARS <u>10</u>	MONTHS <u>19</u>
		DAYS <u>19</u>
		IF LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	11. Total time (years) spent in this occupation <u>1</u>
	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)	

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

FATHER 13. NAME Tobias Faler

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

MOTHER 15. MAIDEN NAME Elisa Byler

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

17. INFORMANT Will Faler  
(ADDRESS) Windsor, Missouri

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Windsor DATE 4-12-31 19.

19. UNDERTAKER HUSTON'S FUNERAL CHAPEL  
(ADDRESS) Windsor, Missouri

20. FILED 4-11-31 1931  
Registrar [Signature]

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 10-31 1931

22. I HEREBY CERTIFY, That I attended deceased from Mich 2nd, 1931 to Apr 10th, 1931.  
I last saw him alive on Mich 10th, 1931. Death is said to have occurred on the date stated above, at 11 1/2 p. m.  
The principal cause of death and related causes of importance were as follows:  
Mich 2nd 1931 Date of onset

Influenza  
Other contributory causes of importance:  
Tochar Pneumonia

Name of operation [Signature] Date of \_\_\_\_\_  
What test confirmed diagnosis? Symptoms 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? \_\_\_\_\_  
If so, specify \_\_\_\_\_  
(Signed) C. W. Head, M. D.  
Windsor Mo. (Address)

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. MAY 23 1931

