

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

Do not use this space.

15949

1. PLACE OF DEATH

42 County Henry
3 Township
3 City Calhoun (No.)

Registration District No. 424 349
Primary Registration District No. 4207

File No.
Registered No. 14 St. Ward)

2. FULL NAME

Richard T. Faith
(a) Residence, No. St. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 19 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 Male 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 Martha E. Faith

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 21 - 1854

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
78 4 9

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Contractor
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) Calhoun Henry

FATHER 13. NAME Ransom Faith

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

MOTHER 15. MAIDEN NAME Nancy Wilson

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

17. INFORMANT (ADDRESS) Margery Faith
Calhoun Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Cemetery DATE June 1 1932

19. UNDERTAKER (ADDRESS) Joe Hays
Calhoun Mo.

20. FILED June 1 1932 Mo. A. A. Gray
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 31 1932

22. I HEREBY CERTIFY, That I attended deceased from May 2 1930 to May 31 1932
I last saw him alive on May 16 1932 Death is said to have occurred on the date stated above at 12:30 p.m.
The principal cause of death and related causes of importance were as follows:

pulmonary tuberculosis Several
years
Date of onset

Other contributory causes of importance:
① Septic pulmonary tuberculosis abscess.
② Chronic myocarditis

Name of operation Date of
What test confirmed diagnosis? Bacilli 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? No
If so, specify
(Signed) R. S. Hallgren, M. D.
(Address) Clinton Mo.

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.

JUN 23 1932

