

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

Do not use this space.

1. PLACE OF DEATH

County Henry
Township Wicksboro
City West

Registration District No. 347
Primary Registration District No. 5495

File No. 24242
Registered No. 97

2. FULL NAME

Sarah Elizabeth Faulkner

(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 66 yrs. 8 mos. 25 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 J. S. Faulkner

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 1st 1867

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
66 8 25

8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc. Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. San Home Work

10. Date deceased last worked at this occupation (month and year) 1928 11. Total time (years) spent in this occupation 45

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Union Mo

13. NAME Isaac Hilland Gray

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Harrisonville Mo

15. MAIDEN NAME Armeda Jayne Proctor

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Chillicothe Mo

17. INFORMANT S. C. Faulkner

(ADDRESS) Van Buren Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Union Cemetery DATE July 27 1934

19. UNDERTAKER H. P. Smith

(ADDRESS) Union Mo

20. FILED 8-6 1934 J. R. Hampton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 26th 1934

22. I HEREBY CERTIFY that I attended deceased from July 16th 1934 to July 26th 1934.
Last saw him alive on July 23rd 1934. Death is said to have occurred on the date stated above, at 10⁰⁰ a.m.
The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage
Middle Meningeal Artery?
92 H
191
191
Other contributory causes of importance:
Heart Protrusion

Date of onset 7-10-34
46.5
7-17-34

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) J. S. McDonald, M. D.
(Address) Union Mo

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

AUG 13 1934

OCCUPATION
MOTHER
FATHER

V

2

12

