

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.

OCT 29 1930

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

Do not use this space.

23212-a

1. PLACE OF DEATH

County Jackson Registration District No. 402  
Township Oak Grove Primary Registration District No. 4237  
City Oak Grove No. 14 St. 1 Ward

File No. \_\_\_\_\_  
Registered No. 14

2. FULL NAME

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE Wh 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widowed

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wiley Faulkenberry

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 6 - 1869

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
61 | 11 | 19

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work. house wife  
(b) General nature of industry, business, or establishment in which employed (or employer). farmer  
(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jackson Co. Mo.

10. NAME OF FATHER Samuel Rossland

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) U. S. of A.

12. MAIDEN NAME OF MOTHER Mary Arrington

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Mo.

14. INFORMANT (Address) Mrs. Fred Faulkenberry, Lone Jack, Mo.

15. FILED 9/30, 1930 A. W. Mann REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 7/25 - 1930

17. I HEREBY CERTIFY, That I attended deceased from July 16, 1930, to July 25, 1930, that I last saw her alive on July 25, 1930, and that death occurred, on the date stated above, at 9: P. M. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Carcinoma (epithelial)  
(Began in gum of upper jaw)  
4 1/2 yrs. (duration) 1 1/2 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 4 1/2 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_  
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS  
(Signed) Wm B Johnston M. D.  
7/26, 1930 (Address) Grain Valley Mo

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL  
Oak Grove Cema 7/27 1930

20. UNDERTAKER ADDRESS  
30 West Oak Grove, Mo

