

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

Do not use this space.

10447

1. PLACE OF BIRTH

County Jefferson
Township St. Joachum
City St. Louis (No. _____)

Registration District No. 421
Primary Registration District No. 3-575-

File No. _____
Registered No. 31
St. _____ Ward _____

2. FULL NAME

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</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>E. Earl Faulkner</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Dec 22 1895</u>		
7. AGE	YEARS	MONTHS
<u>35</u>	<u>2</u>	<u>18</u>
IF LESS than 1 day, _____ hrs. or _____ min.		

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).
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

Belleview, Mo

(STATE OR COUNTRY)

10. NAME OF FATHER

Jos. Hart

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Mo.

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

Dora Williams

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Mo.

(STATE OR COUNTRY)

14.

INFORMANT Earl Faulkner
(Address) Pvely Mo

15.

FILED 3/8, 1931 J. E. Rutledge
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 22 1931

17. I HEREBY CERTIFY, That I attended deceased from _____ 19____ to 3/13/31 19____ that I last saw her... alive on 3/13/31 19____ and that death occurred, on the date stated above, at 12:30 a. m.

THE CAUSE OF DEATH* WAS/AS FOLLOWS:
General Sepsis
1390

CONTRIBUTORY (SECONDARY) Chr. Adenitis (duration) yrs. mos. 6 ds.

18. WHERE WAS DISEASE CONTRACTED? (duration) yrs. mos. ds.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

20. UNDERTAKER ADDRESS

1390 (duration) yrs. mos. ds.

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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 25 1931

(Handwritten notes and signatures)
①
Clinical & Special Findings
(Signed) C. E. ... M. D.
19____ (Address) St. Louis, 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
1390 (duration) yrs. mos. ds.
20. UNDERTAKER ADDRESS
1390 (duration) yrs. mos. ds.

Please sign, copy in your files and
return to this office you have been
given credit for this certificate.