

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

Do not use this space.

11778

1. PLACE OF DEATH
 12 County Butler Registration District No. 89
 2 Township Poplar Bluff Primary Registration District No. 3007
 7 City Poplar Bluff (No.) St. Ward)

2. FULL NAME Mabel Helen Faust Ward.
 (a) Residence No. Poplar Bluff Hospital Poplar Bluff Mo (If nonresident, give city or town and State)
 (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.

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>—</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>—</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov 14 - 1931</u>				
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day,hrs. ormin.
	<u>—</u>	<u>5</u>	<u>5</u>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>—</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>—</u>			
	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) <u>Butler Co Mo 1</u>				
FATHER	13. NAME <u>Roy Faust</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Butler Co Mo</u>			
MOTHER	15. MAIDEN NAME <u>Audrey Knight</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Denn 2</u>			
17. INFORMANT <u>Roy Faust</u> (ADDRESS) <u>Wickliffe Mo - Star Route</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Wood Island</u> DATE <u>Apr 20 1932</u>				
19. UNDERTAKER <u>J. P. Phelps</u> (ADDRESS) <u>Poplar Bluff Mo</u>				
20. FILED <u>April 20 1932</u> <u>K. J. Clinch</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 19 1932

22. I HEREBY CERTIFY, That I attended deceased from April 17 1932 to April 19 1932
 I last saw h/m alive on April 19 1932. Death is said to have occurred on the date stated above, at 10:30 a.m.
 The principal cause of death and related causes of importance were as follows:
Intestinal obstruction
cornpho acuti
121 A
121 B 121
 Other contributory causes of importance:
Appendicitis acuti perforated
(1)

Date of onset	<u>4-12-32</u>
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Name of operation Date of
 What test confirmed diagnosis? exam 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) B. J. Macaulay, M. D.
 (Address) Poplar Bluff 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.

MAY 28 1932

