

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

Do not use this space.

JUL 1 1935

18614

1. PLACE OF DEATH

97 County Saline Registration District No. 193
 Township Clinton Primary Registration District No. 6065
 City Mount Leonard (No. 636) St. _____ Ward)

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 22 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>Colored</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>J. R. Faulkner</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)		
7. AGE	YEARS	MONTHS
	<u>71</u>	<u>3</u>
		<u>10</u>
	If LESS than 1 day, _____ hrs. or _____ min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>House wife</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>at home</u>	
	10. Date deceased last worked at this occupation (month and year) _____ 19 <u>35</u> 11. Total time (years) spent in this occupation _____	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Pettis Co Mo</u>		
FATHER	13. NAME <u>Thomas Taylor</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Pettis Co Mo</u>	
MOTHER	15. MAIDEN NAME <u>Nancy Wilton</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Warsaw Mo</u>	
17. INFORMANT <u>J. R. Faulkner</u> (ADDRESS) <u>Mount Leonard Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>East End Cemetery</u> DATE <u>May 27, 1935</u>		
19. UNDERTAKER <u>R. C. Castle</u> (ADDRESS) <u>Mount Leonard Mo</u>		
20. FILED <u>May 26, 1935</u> (Mink) (Seal) Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 25, 1935
 22. I HEREBY CERTIFY, That I attended deceased from Jan 1933, 19____, to May 25, 1935, 19____.
 I last saw him alive on May 24, 1935. Death is said to have occurred on the date stated above, at 8:00 A.M.
 The principal cause of death and related causes of importance were as follows:

chronic myocarditis
reflexitis

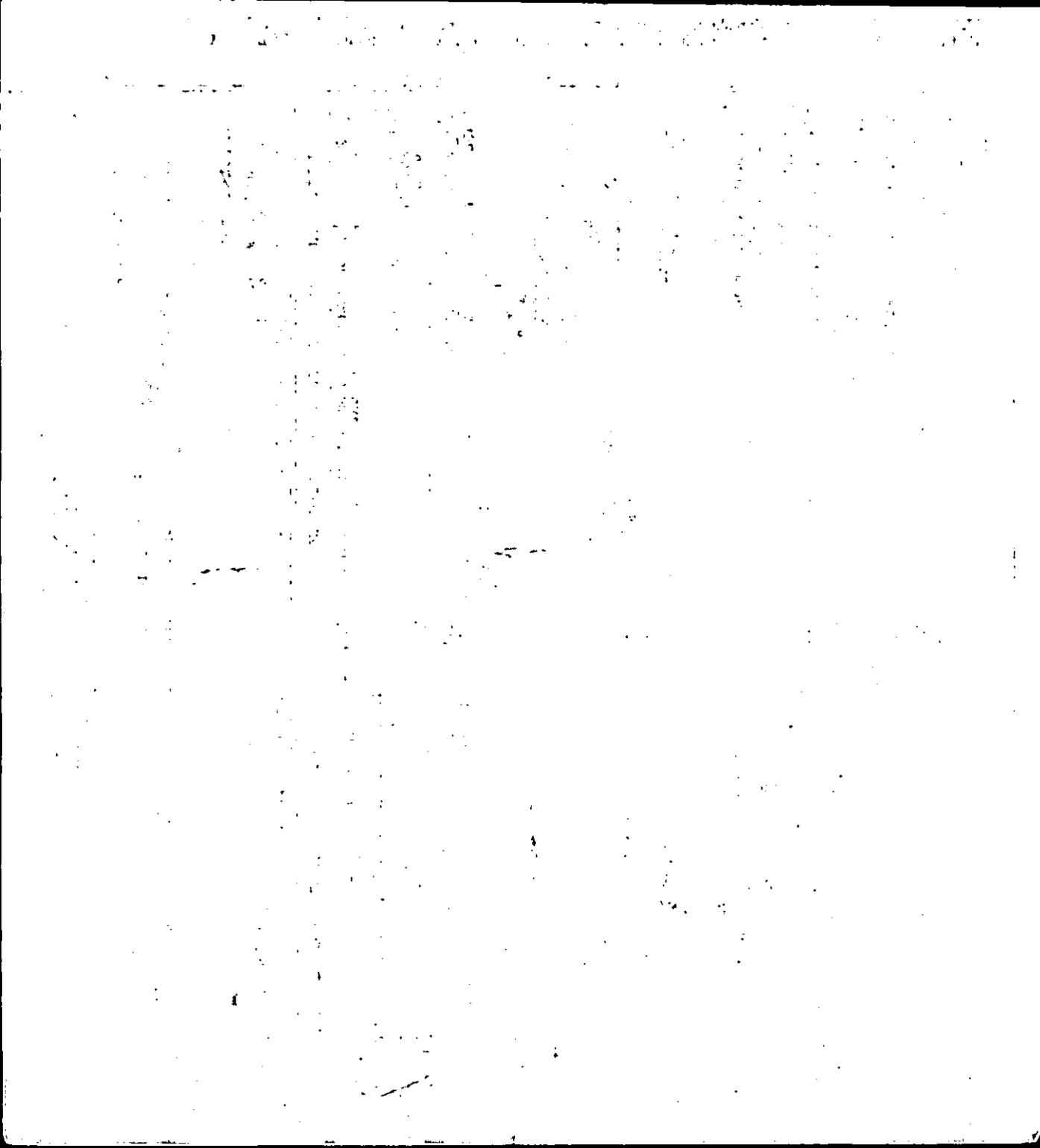
Date of onset
1932

Other contributory causes of importance:
 Name of operation _____ Date of _____
 What test confirmed diagnosis? Autopsy 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) L. S. James, M. D.
 (Address) Blackburn, Mo.

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.



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1. PLACE OF DEATH

County Saline
Township Mt Leonard
City Mt Leonard (No.)

Registration District No. 793
Primary Registration District No. 6063

File No.
Registered No.
St. Ward)

2. FULL NAME

Carrie Faulkner

(a) Residence, No. St., Ward.

(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX F 4. COLOR OR RACE C 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 25, 1930

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

22. I HEREBY CERTIFY, That I attended deceased from 19....., to 19.....
I last saw alive on 19..... Death is said to have occurred on the date stated above, at m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 15, 1864

The principal cause of death and related causes of importance were as follows:

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hr. or min.
71 3 10

Chronic myocarditis nephritis, chronic

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

Other contributory causes of importance:

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

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

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

19. UNDERTAKER (ADDRESS)

20. FILED 7-17-1935 Minnie Cook Registrar

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?
If so, specify

(Signed) , M. D.
(Address)

This statement of OCCUPATION is very important. It may be properly classified.

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