

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.

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

Do not use this space.

JUL 24 1936

23510

1. PLACE OF DEATH

County Madison Registration District No. 538
Township St. Michael Primary Registration District No. 5723
City (No. _____) _____ St. _____ Ward _____

File No. _____
Registered No. 48

2. FULL NAME William Sherman Faircloth

(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>M</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>Martha Rhodes Faircloth</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug. 4, 1866</u>		
7. AGE YEARS <u>69</u>	MONTHS <u>10</u>	DAYS <u>14</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>Farmer</u>
	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 _____	

12. BIRTHPLACE (CITY OR TOWN) Perry County, Mo
(STATE OR COUNTRY)

13. NAME Benjamin Faircloth
14. BIRTHPLACE (CITY OR TOWN) not known
(STATE OR COUNTRY)

15. MAIDEN NAME Rebecca Dallas
16. BIRTHPLACE (CITY OR TOWN) Ulaton, Mo
(STATE OR COUNTRY)

17. INFORMANT H. B. Faircloth
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Rhodes Chapel DATE June 19 36

19. UNDERTAKER Ed. H. Webb
(ADDRESS) Independence, Mo

20. FILED June 15, 1936 S. C. B. Langford
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 18, 1936
22. I HEREBY CERTIFY That I attended deceased from June 18, 1936 to June 18, 1936
I last saw him alive on June 17, 1936 Death is said to have occurred on the date stated above, at 12:20 A.M.

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

Influenza
Chronic Bronchitis
20 yrs. Standing

Date of onset 3/15/36

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) Merry Barron M. D.
(Address) Independence, Mo

By A. D. Schwaner

