

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

Do not use this space.

1. PLACE OF DEATH

County Bellinger
Township Union
City..... (No..... St..... Ward)

Registration District No. 68
Primary Registration District No. 9-107

File No. 7790

Registered No. St. Ward)

2. FULL NAME

Sarah C 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 F. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 15 - 1862

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
72 0 13

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife
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) (STATE OR COUNTRY) Bellinger Co. Mo.

MOTHER 13. NAME George Dennis

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

15. MAIDEN NAME Annie Myers

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

17. INFORMANT W. O. Faircloth (ADDRESS) Patten Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Pine Hill Cemetery DATE Mar. 29 1934

19. UNDERTAKER Ed. H. Webb (ADDRESS) Fredericktown Mo.

20. FILED 34 1934 Bertie Weston Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 28 1934

22. I HEREBY CERTIFY, That I attended deceased from Mar. 24 1934, to Mar. 28 1934
I last saw her alive on Mar. 28 1934. Death is said to have occurred on the date stated above, at 11:15 P.M.

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

Lobar pneumonia
108
Other contributory causes of importance:
Date of onset 3-21-34

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) E. F. Harrison M. D.
(Address) Fredericktown, 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.

