

Date: 28 Oct 2007

Researcher: Detia M. Roe

The following data was taken from a single source exactly as it was found.

Type of Data: Death Certificate

Source of Data: www.sos.mo.gov/archives/resources/deathcertificates/

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

1 PLACE OF DEATH
County *Jefferson*

Township or Village or City *Joplin*

Registration District No. *411* File No. *37623*

Primary Registration District No. *2072* Registered No. *627*

(NO. *13th* & *Jefferson* St. Ward)

FULL NAME *Faustin B Roe*

If death occurred in a hospital or institution, give its NAME instead, & of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *Male* 4 COLOR OR RACE *W* 5 SINGLE MARRIED WIDOWED OR DIVORCED *Married*

6 DATE OF BIRTH *Mar 23 1858*

7 AGE *57* yrs. mos. da. IF LESS than 1 day, hrs. or min.?

8 OCCUPATION (a) Trade, profession, or particular kind of work *Housewife*

(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (City or town, State or foreign country) *Tennessee*

PARENTS

10 NAME OF FATHER *L Page*

11 BIRTHPLACE OF FATHER (City or town, State or foreign country) *N Carolina*

12 MAIDEN NAME OF MOTHER *A.A. Montgomery*

13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) *N Carolina*

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) *Alfred Page Brother*

(Address) *Springfield Mo*

15 Filed *Dec 30 1915* *Em Greer* Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH *Dec 28 1915*

17 I HEREBY CERTIFY that I attended deceased from *Dec 1 1915* to *Dec 28 1915*

that I last saw him alive on *Dec 28 1915*

and that death occurred, on the date stated above, at *8:30* m.

The CAUSE OF DEATH* was as follows: *Sarcoma of Face*

52 (Duration) *4 1/2* yrs. mos. da.

CONTRIBUTORY (Secondary) *8* (Duration) *1* yrs. mos. da.

(Signed) *R. Byler* M. D.

Dec 29 1915 (Address) *Joplin Mo*

*State the Disease Causing Death, or in death from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)

At place of death yrs. mos. da. In the State yrs. mos. da.

Where was disease contracted if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL *Faust* DATE OF BURIAL *Dec 28 1915*

20 UNDERTAKER *McHale & Co* ADDRESS *Joplin Mo*

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.