

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.

JAN 23 1929

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

Do not use this space.

41392

1. PLACE OF DEATH
 County Jasper Registration District No. 419
 Township W. & Donald Primary Registration District No. 5373
 City Avilla (No.) (St. Ward)

2. FULL NAME Barbara Allen Feagg
 (a) Residence. No. Avilla Mo. St. Ward.
 (Usual place of abode) (If nonresident give city or town and State)
 Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 5-1879

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
49 | 5 | 14 | or min.

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Housewife
 (b) General nature of industry, business, or establishment in which employed (or employer).....
 (c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN) Allen Co.
 (STATE OR COUNTRY) Ohio

10. NAME OF FATHER P. S. Baker

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Penn.
 (STATE OR COUNTRY) Ohio

12. MAIDEN NAME OF MOTHER Harriet Hunt

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ohio
 (STATE OR COUNTRY)

14. INFORMANT Homer Feagg
 (Address) Avilla Mo.

15. FILED 12/23, 1928 Mrs. W. A. Hall
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 20 1928

17. I HEREBY CERTIFY, That I attended deceased from Dec 10th, 1928, to Dec 18th, 1928, that I last saw h. alive on Dec 18th, 1928, and that death occurred, on the date stated above, at 4:30 a. m.

THE CAUSE OF DEATH WAS AS FOLLOWS:
(Pulmonary Embolus)
(Cholera)
11118
9008 (duration) 5 yrs. 8 mos. 8 ds.
 CONTRIBUTORY (SECONDARY) Chronic Tubular Heart Dis
 (duration) 5 yrs. 8 mos. 8 ds.

18. WHERE WAS DISEASE CONTRACTED At Home
 IF NOT AT PLACE OF DEATH.....

1 DID AN OPERATION PRECEDE DEATH? Yes DATE OF Oct 1, 1928
 WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Laboratory
 (Signed) Geo. M. Bragg, M. D.
12/23, 1928 (Address) Reeds Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Feaster Cemetery DATE OF BURIAL 12-23 1928
 20. UNDERTAKER Ulmer-Blair ADDRESS Carthage

