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

Do not use this space.

1. PLACE OF DEATH
County: Lafayette
Township: Dover
City: ..... (No. ....., ... St. ..... Ward)

Registration District No. 460
Primary Registration District No. 2623-B

File No. 18624
Registered No. 35

2. FULL NAME: Roy Fehr
(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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Dont Know

7. AGE: Years 23 | Months | Days | If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Cottleville Mo

PARENTS
10. NAME OF FATHER: Geo Fehr
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Cottleville Mo
12. MAIDEN NAME OF MOTHER: Elsie Gutermuth
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): St Charles Co Mo

14. INFORMANT: Roy Keithly
(Address): Wellsville Mo

15. Filed May 28, 1929 Lissie B Porter
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): May 27 1929

17. I HEREBY CERTIFY, That I attended deceased from Suddenly, 19..., to ....., 19..., that I last saw him alive on May 27, 19..., and that death occurred, on the date stated above, at 6 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Plomain Poisoning
Cause unknown -
177 (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) 175
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) W T Howard, M. D
May 28, 1929 (Address) Dover 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: Cottleville Mo
DATE OF BURIAL: 19

20. UNDERTAKER: Ernest Fegert
ADDRESS: Lexington 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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