

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

Do not use this space.

37491

JAN 4 1938

1. PLACE OF DEATH

County Phelps Registration District No. 677
 Township Wilder Primary Registration District No. 4403
 City Reola (No. _____) St. _____ Ward _____

File No. _____
 Registered No. 101

2. FULL NAME

(a) Residence, No. Reola Mo 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 m 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE Madge Fey
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 30 1887
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
46 1 17

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
 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) Reola Mo

MOTHER 13. NAME George Fey

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

15. MAIDEN NAME Weir

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

17. INFORMANT W. S. Williams (ADDRESS) Reola Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Camp Green Nov. 18, 1938

19. UNDERTAKER T. J. Brown (ADDRESS) Reola Mo

20. FILED Nov. 17 1938 Joe. F. Ceyes Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 17 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 17 1938 to Nov 17 1938
 I last saw him alive on Nov 17 1938. Death is said to have occurred on the date stated above, at 1 p m.
 The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage Date of onset 11-17-38

Other contributory causes of importance NO!

Name of operation _____ Date of _____
 What test confirmed diagnosis? None Was there an autopsy? no

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) J. R. Mitchell M. D.
 (Address) Reola Mo

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

1951