WHITE PLAINLY, WITH UNFADING INKNOTHING 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.

FEB 18 1935

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

Do not use this space.

75

1. PLACE OF DEATH
County Barry — Registration District No. 29 — File No.
Township — Primary Registration District No. 4021 — Registered No. 1
City Cassville (No. ..... St. ..... Ward)

2. FULL NAME Earl Ware Feland
(a) Residence, No. Cassville R.R. St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 9 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) Jan. 21, 1930
7. AGE: YEARS 5 — MONTHS — DAYS 5 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —
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) Barry Co. Mo.

FATHER
13. NAME Grover Feland
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Barry Co. Mo.

MOTHER
15. MAIDEN NAME Retta Ware
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT (ADDRESS) Grover Feland Cassville Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Homer Cem. DATE Jan 27 1935
19. UNDERTAKER (ADDRESS) Horine Culver Cassville Mo.
20. FILED 2-1-1935 Geo. W. Newman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1 - 26, 1935
22. I HEREBY CERTIFY, That I attended deceased from 1-28, 1935, to 1-26, 1934
I last saw him alive on 1-26, 1935. Death is said to have occurred on the date stated above, at 1:30 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Catarrhal Laryngitis.	1-28-35

Other contributory causes of importance: Asphyxia

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) Geo. W. Newman M. D.
(Address) Cassville, Mo.