

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

Do not use this space.

APR 16 1936

9567

1. PLACE OF DEATH

County Callaway
 Township
 City Fulton (No. _____)

Registration District No. 104
 Primary Registration District No. 3008

File No. _____
 Registered No. 110 St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Rashie B. Feagan St. _____ Ward _____
 (Usual place of abode) State Hospital

Length of residence in city or town where death occurred yrs. mos. 21 ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 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 Mrs. R. B. Feagan
Malta Bend, Mo.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) not known 7-54

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
81 3 3

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 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) Tennessee

13. NAME not known (Burr Feagan)

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known

15. MAIDEN NAME Salvia Ward

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

17. INFORMANT Records State Hoosp. (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Malta Bend DATE April 17 1936

19. UNDERTAKER R. W. Campbell (ADDRESS) Marshall Mo

20. FILED 3/30 1936 B. M. Crew Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-30 1936

22. I HEREBY CERTIFY, That I attended deceased from 3-9 1936, to 3-30 1936

I last saw him alive on 3-30 1936 Death is said to have occurred on the date stated above, at 10 P. M.

The principal cause of death and related causes of importance were as follows:

Broncho Pneumonia Date of onset 3-26-36

Other contributory causes of importance:
Chr. Myocarditis
Chr. nephritis

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ 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? _____

If so, specify _____ (Signed) Richard B. Bridgeman, M. D.
 (Address) Fulton, 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.

