

APR 21 1936

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

Do not use this space.

11691

1. PLACE OF DEATH

County Montgomery Registration District No. 595  
Township Willsville Mo Primary Registration District No. 14353  
City Willsville Mo (No. ) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

(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 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>Col.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF _____ (OR) WIFE OF <u>Mrs. Fessitt</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 28 1894</u>		
7. AGE	YEARS <u>112</u>	MONTHS <u>2</u>
	DAYS <u>28</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Attorney</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>—</u>	
	10. Date deceased last worked at this occupation (month and year) <u>—</u>	11. Total time (years) spent in this occupation <u>—</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Calloway Co Mo</u>		
MOTHER	13. NAME <u>John Fessitt</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Calloway Co Mo</u>	
	15. MAIDEN NAME <u>Mont Power</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>—</u>	
17. INFORMANT (ADDRESS) <u>Wm. Miller 914 American Bldg Willsville Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Willsville Mo</u>	DATE <u>3-28-36</u>	
19. UNDERTAKER (ADDRESS) <u>Willsville Mo</u>		
20. FILED <u>Mar 28 1936 Mrs. Mike McDermott</u>	Registrar.	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 26 1936

22. I HEREBY CERTIFY, That I attended deceased from May 1 1929, to March 26 1936  
I last saw him alive on March 26 1936 Death is said to have occurred on the date stated above, at 12 P. m.

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

Cerebral Hemorrhage Date of onset March 24-25  
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Other contributory causes of importance  
Arterio-sclerosis 7 yrs

at Willsville Mo

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis clinical 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) A. Q. Markovich

(Address) Willsville 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.

