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.

JAN 10 1937 JAN 7 1937

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

Do not use this space.

46124

1. PLACE OF DEATH

County..... Registration District No. 791

Township..... Primary Registration District No. 1003

City St. Louis, Mo. (No. U.S. Marine Hospital, 3640 Marine Ave. St. 10 Ward)

File No.....

Registered No. 11867

2. FULL NAME Allie L. Feagan

(a) Residence, No. Glasgow Mo. St., n R Ward. Glasgow, Mo.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 4 mos. 3 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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Felma Feagan

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 20, 1899

7. AGE: Years 37 | Months 4 | Days 11 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Aboard River Steamers.

10. Date deceased last worked at this occupation (month and year): July 19, 1935

11. Total time (years) spent in this occupation: Unknown

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Mo.

FATHER

13. NAME: Joe Feagan

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Mo.

MOTHER

15. MAIDEN NAME: Minerva Crider,

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Mo.

17. INFORMANT (ADDRESS): U.S. Marine Hospital, St. Louis Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Glasgow, Mo. DATE Dec., 3, 1936

19. UNDERTAKER (ADDRESS): Hoffmeister U. & L. Co. 7814 S. Broadway, St. Louis, Mo.

20. FILED DEC 1 1936 19 J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 1, 1936, 19

22. I HEREBY CERTIFY, That I attended deceased from July 29, 1935, 19, to Dec. 1, 1936, 19. I last saw him alive on Dec. 1, 1936, 19. Death is said to have occurred on the date stated above, at 7:15 A.M.

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

	Date of onset
Tuberculosis, pulmonary, far advanced, bilateral, complicated by hemorrhage.	3 years from history.

Other contributory causes of importance: X

Name of operation No Date of

What test confirmed diagnosis Clinical and laboratory Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: No

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) H. J. Bush, M. D.

(Address) H. J. Bush, P.A. Surg. USPHS, U.S. Marine Hospital, St. Louis Mo.