

RECD NOV 21 1938

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

35001
Do not use this space.

1. PLACE OF DEATH

(a) County Audrain Registration District No. 24

(b) Township Prarie Primary Registration District No. 5083 Registered No. _____

(c) City _____ (d) Street No. _____ St. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Amos Perry Fegan

(a) Residence, No. Audrain Co Mo St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 29 - 1862

7. AGE YEARS 76 MONTHS 1 DAYS 5 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as a lawyer, bookkeeper, etc. Farming

9. Industry or business in which work was done, as saw mill, bank, etc. Own Farm

10. Date deceased last worked at this occupation (month and year) July 1 1938 11. Total time (years) spent in this occupation life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mason Co. Ky.

FATHER 13. NAME J. C. Fegan

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

MOTHER 15. MAIDEN NAME Mary E. Stevenson

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

17. INFORMANT (ADDRESS) T. J. Fegan Laddonia Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Laddonia Mo. DATE Oct 6 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) H. G. Granger Laddonia Mo.

20. FILED Oct. 5 19 38 W. K. McCall Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 4 19 38

22. I HEREBY CERTIFY, That I attended deceased from July 4 19 38 to Oct. 4 19 38
I last saw him alive on Oct. 4 19 38. Death is said to have occurred on the date stated above, at 5 P. a. m.
The principal cause of death and related causes of importance were as follows:
Apoplexy Date of onset Oct. 4 - 38

Other contributory causes of importance:
Arterio-Sclerosis July 4 - 38

Name of operation _____ Date of _____
What test confirmed diagnosis? Clinical 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) W. K. McCall M. D.
(Address) Laddonia 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.

RECEIVED

District Health Officer No. 10

District File Number 10-38-431

Date Filed 11-12-38

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

H. G. Granger

or by

Registered Apprentice No., working under my personal supervision.

Signed

H. G. Granger

Licensed Embalmer No. 1297

P. O. Address Ladonia, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.