

REC'D APR 21 1939

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

11160

Do not use this space.

## 1. PLACE OF DEATH

(a) County Jasper Registration District No. 411  
(b) Township GALENA Primary Registration District No. 2002 Registered No. ....  
(c) City JOPLIN (d) Street No. 320 N. MAIN 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

FANNIE FEASTER  
(a) Residence, No. 320 N MAIN 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 FEMALE 4. COLOR OR RACE NEGRO 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Feaster  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JUNE 4, 1868  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
70 9 15  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. HOUSEWIFE  
9. Industry or business in which work was done, as 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) ARKANSAS13. NAME John JACKSON14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ARKANSAS15. MAIDEN NAME UNKNOWN16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN17. INFORMANT (ADDRESS) Lylea Bowers  
Goldman18. BURIAL, CREMATION, OR REMOVAL PLACE PARKWAY Cem DATE 3-23-39, 19..19. FUNERAL DIRECTOR (NAME) (ADDRESS) HURBUT UND CO  
212 Joplin St, Joplin Mo20. FILED 3-21, 19. 39 Ed D. Justice  
Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-19, 193922. I HEREBY CERTIFY, That I attended deceased from 3/6/39, 19.., to 3-19/39, 19..I last saw her alive on 5/19/39, 19.. Death is said to have occurred on the date stated above, at 6:00 P.

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

Bronchopneumonia Date of onset 1939

Other contributory causes of importance:

Dehydration  
Cholera 1922

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

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? no23. 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) J. S. Shotman, M. D.  
Ed D. Justice (Address) \_\_\_\_\_

(Licensed Embalmer's Statement on Reverse Side)

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.

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RECEIVED

District Health Officer No. 6,

District File Number 6-39-856

Date Filed APR 12 1939

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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, or by.....

....., Registered Apprentice No.....

.....working under my personal supervision.

Signed *Raymond H. Lumbert*

Licensed Embalmer No. 959

P. O. Address *Japan Ave.*

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.