

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

Do not use this space.

23204

1. PLACE OF DEATH

County.....
Township.....
City.....

Registration District No. **7:01**
1003

File No.
Registered No. **6899**
St. Ward)

2. FULL NAME

(a) Residence. No. **40435 Newstead St.** **10** Ward.
(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 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 **Essie N. Felton**

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Sept 17 1953**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
73 10 12

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work **Merchant**
(b) General nature of industry, business, or establishment in which employed (or employer) **Self**
(c) Name of employer **Cigars**

9. BIRTHPLACE (CITY OR TOWN) **New York**
(STATE OR COUNTRY)

10. NAME OF FATHER **Joshua Felton**

11. BIRTHPLACE OF FATHER (CITY OR TOWN) **Pa**
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER **Julia Marshall**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) **Vermont**
(STATE OR COUNTRY)

14. INFORMANT **Essie N. Felton**
(Address) **40435 N Newstead**

15. FILED **30 1927** **Frank Starbuck**
Register

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **July 29 1927**

17. I HEREBY CERTIFY, That I attended deceased from **July 26**, 19**27**, to **July 29**, 19**27** that I last saw him alive on **July 28**, 19**27**, and that death occurred, on the date stated above, at **11:10 a** m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

151
Uraemia
(duration) yrs. mos. **3** ds.

CONTRIBUTORY (SECONDARY) **Intermittent nephritis**
Chronic (duration) yrs. mos. **adipite**

18. WHERE WAS DISEASE CONTRACTED **at the place**
IF NOT AT PLACE OF DEATH

19. DID AN OPERATION PRECEDE DEATH? **none**
WAS THERE AN AUTOPSY? **none**

WHAT TEST CONFIRMED DIAGNOSIS? **none**
(Signed) **R. D. Rigler**, M. D.

(Address) **415-8 Newstead av**

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL **Bellefontaine** DATE OF BURIAL **July 31 1927**

20. UNDERTAKER **Frost & Hudco** ADDRESS **3710 N Grand**

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.

