

SEP 8 1927

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

Do not use this space.

24631

1. PLACE OF DEATH

County..... Jasper
Township..... Marion
City..... (No.....) (St.....) (Ward.....)

Registration District No..... 408
Primary Registration District No..... 5562

File No.....
Registered No.....

2. FULL NAME

..... Charles Feay
(a) Residence. No. R # 5 Carthage Ward.....
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. 7 mos. 7 da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Male | White | Widowed

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

X

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

Jan 9 - 1852

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, hrs.
or min.

75722

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Ret Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Montreal
Canada

10. NAME OF FATHER

Oscar Feay

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Canada

12. MAIDEN NAME OF MOTHER

Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Unknown

14.

INFORMANT
(Address)Herry Feay
R # 5 Carthage Mo

15.

FILED Aug 31 1927S. B. Glendon
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 31 1927

17. I HEREBY CERTIFY, That I attended deceased from November 1926, to August 1927, and that I last saw him alive on about July 15 1927, and that death occurred, on the date stated above, at 9:45 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

5313

Cancer of right side neck
(duration) one yrs. - mos. - da.

CONTRIBUTORY
(SECONDARY)

(duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

19. DID AN OPERATION PRECEDE DEATH? No DATE OF.....WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) E. M. Kelchauer, M. D.
Sept 1, 1927 (Address) Carthage, Mo.

*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

DATE OF BURIAL

Cartersville Cemetery 8-2 1927

20. UNDERTAKER

ADDRESS

Wm. H. Drake Carthage

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.

