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

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 29001

Township ..... Primary Registration District No. 1003 Registered No. 8584

City St. Louis (No. 6026 North Broadway St. ..... Ward)

2. FULL NAME Clara A. Fellison

(a) Residence. No. 6026 North Broadway St., 9 Ward. (If nonresident give city or town and State)
(Usual place of abode)

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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): Widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 6, 1854

7. AGE: YEARS 73 | MONTHS 5 | DAYS 19 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work At Home 921 937
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Delaware
(STATE OR COUNTRY) Indiana

PARENTS
10. NAME OF FATHER Not Known
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Indiana
12. MAIDEN NAME OF MOTHER Not Known
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Indiana

14. INFORMANT Mrs. Lorraine Morris
(Address) 6026 North Broadway

15. FILED SEP 26 1927, 19..... Max C. Starkoff REGISTRAR

MEDICAL CERTIFICATE OF DEATH 2

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept. 25 1927

17. I HEREBY CERTIFY, That I attended deceased from Sept 11, 1927, to Sept 25, 1927 that I last saw her alive on Sept 22, 1927, and that death occurred, on the date stated above, at 2:30 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Myocarditis Acute

(duration) ..... yrs. ..... mos. 16 ds.

CONTRIBUTORY (SECONDARY) Chronic Nutrition Insufficiency

(duration) 5 yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? .....

DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) G. F. Chopin, M. D.

9/26, 1927 (Address) 8321 N Bldg

*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: Friedens
DATE OF BURIAL: Sept. 27 1927

20. UNDERTAKER: Math. Hermann and Son
ADDRESS: 4103 West Florissant Cor.