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

Do not use this space.

File No. 12824

Registered No. 2730

1. PLACE OF DEATH
County: Franklin — Registration District No.: 289
Township: — Primary Registration District No.: 4173
City: Malden (No. ..... St. ..... Ward)

2. FULL NAME: Eveline Featherstone

(a) Residence. No. ..... St., ... 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: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word):

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): June 30 - 1927

7. AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	9	11	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work .....
(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) Malden Mo.

PARENTS
10. NAME OF FATHER: J. B. Featherstone
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Tenn.
12. MAIDEN NAME OF MOTHER: Eunice Harris
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Texas

14. INFORMANT: J. B. Featherstone
(Address) Malden, Mo.

15. FILED 4-12 1928 S. E. Mitchell
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): April 11 1928

17. I HEREBY CERTIFY, That I attended deceased from March 23, 1928, to April 11, 1928, that I last saw h. alive on April 10th, 1928, and that death occurred, on the date stated above, at 5 15 p. m.

9 THE CAUSE OF DEATH* WAS AS FOLLOWS:
10 Pertussis
(duration) ..... yrs. ..... mos. 18 ds.

CONTRIBUTORY (SECONDARY) Broncho-Pneumonia
(duration) ..... yrs. ..... mos. 8 ds.

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

8 DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? Clinical Findings
(Signed) John D. Van Cleve, M. D
4-12 1928 (Address) Malden 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: Malden Mo.
DATE OF BURIAL: 4-12 1928

20. UNDERTAKER: W. L. Craig
ADDRESS: Malden

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.

PERMANENT RECORD