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

Do not use this space.
624
26991

1. PLACE OF DEATH
County: Greene
Township:
City: Springfield (No. 1719 N. Broadway St. Ward)
Registration District No.: 318
Primary Registration District No.: 2001
File No.:
Registered No.: 561

2. FULL NAME: Shirley Dean Feagans
(a) Residence. No. 146 Belaire St., Ward. Kansas City Mo.
(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: Female
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Nov 2-1927

7. AGE: Years 0 | Months 9 | Days 2 | If LESS than 1 day, ____ hrs. or ____ min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Infant
(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): Kansas City. Mo.

PARENTS
10. NAME OF FATHER: Frank J. Feagans
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Kan
12. MAIDEN NAME OF MOTHER: Dorsie E. Roark
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Arizona

14. INFORMANT: Mrs. F. J. Feagans
(Address): Kansas City Mo.

15. FILED: 8-4 1928 O. C. Forst M.D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Aug 4 1928

17. I HEREBY CERTIFY, That I attended deceased from Aug 2 1928, to Aug 4 11 2 00 a.m., 19..., that I last saw h... alive on ..., 19..., and that death occurred, on the date stated above, at ... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Congenital Malformation of Heart
1 hr (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 1598
(duration) 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) J. A. Robertson, M. D.
8/4, 1928 (Address) Springfield 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: Weaver Cemetery Springfield Mo. DATE OF BURIAL: Aug 5 1928

20. UNDERTAKER: W. Klingner & Co. ADDRESS: 424 Boonville St. Springfield Mo.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.