

WRITE PAINLY, 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.

CT 22 1928

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

Do not use this space.

29762

1. PLACE OF DEATH

County.....Buchanan.....
 Township.....
 City.....St. Joseph.....

85
 Registration District No. 1001
 Primary Registration District No.
 (No. Mo. Meth. Hosp.)

File No.
 Registered No. 1133
 St. Ward)

2. FULL NAME Floyd P. Fee

(a) Residence. No. 816 No. 9th. St. Ward.
 (Usual place of abode)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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) Sept. 19, 1900

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	28	0	9	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Stamp clerk
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer U.S. Government

9. BIRTHPLACE (CITY OR TOWN) Fillmore
 (STATE OR COUNTRY) Missouri

10. NAME OF FATHER Franklin Fee

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Harlan Co.
 (STATE OR COUNTRY) Kentucky

12. MAIDEN NAME OF MOTHER Mary Ellen Kersey

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Fillmore
 (STATE OR COUNTRY) Missouri

14. INFORMANT Torrance Fee
 (Address) 3120 Jule St.

15. FILED 1 1928
John G. [Signature] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept. 28 19 28

17. I HEREBY CERTIFY, That I attended deceased from Sept. 24, 1928, to Sept 25, 1928 that I last saw him alive on Sept 28, 1928, and that death occurred, on the date stated above, at 9-20 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Septic Peritonitis
121 hr.
90A

CONTRIBUTORY (SECONDARY)

Septic Bronchopneumonia
 (duration) yrs. mos. 3 ds.

18. WHERE WAS DISEASE CONTRACTED

1140
 DID AN OPERATION PRECEDE DEATH? no. DATE OF Sept 24-28

WAS THERE AN AUTOPSY? no.
 WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) R. J. Schmitz, M. D.

Sept 29, 19 28 (Address) 8th & Francis St.

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

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Fillmore Mo. DATE OF BURIAL Sept. 30 19 28

20. UNDERTAKER H. C. [Signature] ADDRESS 1802 Union St.

