

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

Do not use this space.

1. PLACE OF DEATH

County Buchanan
Township _____
City St. Joseph

85
Registration District No. _____
Primary Registration District No. 1001
(No. 2218 Prospect Avenue, _____ St. _____ Ward)

203
File No. _____
Registered No. 45
St. _____ Ward)

2. FULL NAME Jack Virgil Felker,
2218 Prospect Ave.,

(a) Residence. No. _____ St. _____ Ward.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 7 mos. 10 ds. How long in U.S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male **4. COLOR OR RACE** White **5. SINGLE, MARRIED, WIDOWED OR DIVORCED** Single,
(write the word)

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 29th. 1928.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
1 7 10

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Child,
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) St. Joseph,
(STATE OR COUNTRY) Missouri,

10. NAME OF FATHER Otha M. Felker,

11. BIRTHPLACE OF FATHER (CITY OR TOWN) St. Joseph,
(STATE OR COUNTRY) Missouri,

12. MAIDEN NAME OF MOTHER Leota Hauffstutter

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

14. INFORMANT Otha M. Felker
(Address) 2218 Prospect Avenue.

15. REGISTRAR John G. [Signature]
FILED JAN 13 1930

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan'y. 9th. 1930

17. I HEREBY CERTIFY, That I attended deceased from Jan 9 1930 to Jan 9 1930
that I last saw him alive on Jan 9 1930, and that death occurred, on the date stated above, at 9:55 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Bronchopneumonia, acute

107A
(duration) _____ yrs. _____ mos. 2 ds.

CONTRIBUTORY (SECONDARY) X Unknown
(duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? No DATE OF _____

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS None
(Signed) W. Ragu Moore M. D.

Jan 11. 1930 (Address) St Joseph, 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 Mount Auburn Cemetery **DATE OF BURIAL** Jan. 13, 1930

20. UNDERTAKER Heaton-Bedale Bowman **ADDRESS** 319 S. 10 St.

Funeral Home

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.

WHITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

