

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.

AUG 26 1933

1910 a

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

Do not use this space.

1910 a

1. PLACE OF DEATH

County Marion
Township Fabius
City Scott (No.)

Registration District No. 550
Primary Registration District No. 5743

File No.
Registered No. 66
St. Ward)

2. FULL NAME

Gerald H. Fessenden

(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 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

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 Infant

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 19 20

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

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) Maywood (STATE OR COUNTRY) MO

10. NAME OF FATHER Henry E. Fessenden

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Levick, MO (STATE OR COUNTRY) MO

12. MAIDEN NAME OF MOTHER Miss J. Bowman

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Evening (STATE OR COUNTRY) MO

14. INFORMANT H. E. Fessenden (Address) Taylor (MO)

15. FILED July 30 1933 REGISTRAR J. B. McPike

MEDICAL CERTIFICATE OF DEATH

3
16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 28 1930

17. I HEREBY CERTIFY, That I attended deceased from Jan 19, 1920, to Jan 28, 1930 (that I last saw him alive on Jan 28, 1930, and that death occurred, on the date stated above, at 11 A. M.)

THE CAUSE OF DEATH* WAS AS FOLLOWS:
151B Pertussis
160 (duration) yrs. mos. 9 da.

CONTRIBUTORY (SECONDARY) Cardiac failure due to toxemia (duration) yrs. mos. 9 da.

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

DID AN OPERATION PRECEDE DEATH? No DATE OF

WHAT TEST CONFIRMED DIAGNOSIS? terminal signs (Signed) W. L. E. Carr, 19 (Address) 150

*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 Evening (MO) DATE OF BURIAL 1/29 1930

20. UNDERTAKER W. Chambers (Address) Maywood, Mo.

