

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

Do not use this space.

19097

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**PLACE OF DEATH**

County Husegrade  
Township Richland  
City..... (Name).....

Registration District No. 304  
Primary Registration District No. 5421

File No.....  
Registered No.....  
St..... Ward)

**2. FULL NAME**

John Fehling

(a) Residence. No. .... 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. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

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

16. DATE OF DEATH (MONTH, DAY AND YEAR) 6-18-30

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

17. I HEREBY CERTIFY, That I attended deceased from May 5, 1930 to June 18, 1930, that I last saw him alive on June 16, 1930, and that death occurred, on the date stated above, at 4:30 am m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 4-10-1847

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
83 2 8

1) Arteriosclerosis  
2) Myocarditis  
62 yrs  
97 (duration) yrs. mos. ds.  
CONTRIBUTORY (SECONDARY) 97 (duration) yrs. mos. ds.

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work Retired Farmer  
(b) General nature of industry, business, or establishment in which employed (or employer)  
(c) Name of employer

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

9. BIRTHPLACE (CITY OR TOWN) dont know  
(STATE OR COUNTRY) Germany

19. DID AN OPERATION PRECEDE DEATH? no DATE OF.....

10. NAME OF FATHER dont know

WAS THERE AN AUTOPSY? no

11. BIRTHPLACE OF FATHER (CITY OR TOWN) dont know  
(STATE OR COUNTRY) Germany

WHAT TEST CONFIRMED DIAGNOSIS Physiical Examination  
(Signed) Wm V. McAnally, M. D.

12. MAIDEN NAME OF MOTHER dont know

, 19 (Address) Chambers Mrs.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) dont know  
(STATE OR COUNTRY) Germany

\*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.

14. INFORMANT John H Starke  
(Address) Morrison mo

19. PLACE OF BURIAL, CREMATION, OR REMOVAL St Marys Cemetery DATE OF BURIAL 6-21-30

15. FILED 6-30-1930 F. L. Richter REGISTRAR

20. UNDERTAKER Morrison mo ADDRESS Arnold Hummel Morrison mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state EXACTLY. Exact statement of OCCUPATION is very important.

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