

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

Do not use this space.

39048

PLACE OF DEATH

County GUTHRIE

Township ROBERT

City ..... (No. .....)

Registration District No. 303

Primary Registration District No. 5420

File No. .....

Registered No. .....

St. ..... Ward .....

2. FULL NAME EMELIA FEHL

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

FEMALE WHITE MARRIED

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

JOHN FEHL

6. DATE OF BIRTH (MONTH, DAY AND YEAR) FEB 24 - 1856

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, ..... hrs. or ..... min.

74 10 6

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

HOUSEWIFE

(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)

GOTTLEVILLE MO

10. NAME OF FATHER

JOHN PHILLIPS

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

GERMANY

12. MAIDEN NAME OF MOTHER

NIE FEHL

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

GERMANY

14.

INFORMANT

(Address)

Mary Gessinger  
Hermann MO R. I.

15.

FILED

1-1-1931 Amie K. Rick  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) DEC. 30 1930

17.

I HEREBY CERTIFY, That I attended deceased from May 28 1930 to Dec. 29 1930 that I last saw her alive on Dec. 25 1930, and that death occurred, on the date stated above, at 10:25 p.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

chronic valvular heart disease

CONTRIBUTORY (SECONDARY)

hypertension (duration) many years yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

Not known

DID AN OPERATION PRECEDE DEATH? No. DATE OF .....

WAS THERE AN AUTOPSY? No.

WHAT TEST CONFIRMED DIAGNOSIS? Physical

(Signed) John E. Albrecht, M. D.

12-31, 1930 (Address) Long Hill, 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

DATE OF BURIAL

COTTLEVILLE MO

JAN 2 1931

20. UNDERTAKER

ADDRESS

HERMAN BLUMER

BERGER

