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

Do not use this space.

40308

JAN 21 1931

1. PLACE OF DEATH
County Perry
Township Brazeau
City ..... (No. ..... St. ..... Ward)

Registration District No. 657
Primary Registration District No. 5874

File No. .....
Registered No. 26

2. FULL NAME Nelda Feiste

(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 Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Infant

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 29-1930

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ___ hrs. or ___ min.
0	0	0	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Infancy
(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) Perry County Mo

PARENTS
10. NAME OF FATHER Max E. Feiste
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Perry County Mo
12. MAIDEN NAME OF MOTHER Hattie S. Koenig
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Perry County Mo

14. INFORMANT Max E. Feiste
(Address) Frohna Mo

15. FILED 12-31, 1930 E. J. Poppitt REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 29th 1930

17. I HEREBY CERTIFY, That I attended deceased from 12/29th, 1930, to Dec. 29th, 1930 that I last saw her alive on Dec. 29, 1930 and that death occurred, on the date stated above, at 2 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Premature Birth
159
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) 16 [illegible]
(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? .....
(Signed) M. H. Barks, M. D
, 19 (Address) Perryville 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 Frohna Cemmo
DATE OF BURIAL 12-30 1930

20. UNDERTAKER none
ADDRESS none

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.