

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

Do not use this space.

9444

1. PLACE OF DEATH
 37 County GIBBS CONADE Registration District No. 303
 Township ROARF Primary Registration District No. 5420
 City _____ (No. _____) St. _____ Ward _____

2. FULL NAME JOHN FEHL
 (a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred 1 yrs. 5 mos. ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ da. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX MALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) WIDOWED

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) MAR 18 - 1852

7. AGE YEARS 79 MONTHS 0 DAYS 7 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. FARMER

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. -

10. Date deceased last worked at this occupation (month and year) 6 YEARS 11. Total time (years) spent in this occupation -

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) COTTLEVILLE MO

13. NAME MELCHOR FEHL

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GERMANY PA

15. MAIDEN NAME NEE ROTH

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GERMANY

17. INFORMANT Mrs Mary Zeeinger (ADDRESS) HERMAN MO R.

18. BURIAL, CREMATION, OR REMOVAL PLACE COTTLEVILLE DATE MAR 28, 1931

19. UNDERTAKER HERMAN BLUMER (ADDRESS) BERGER MO

20. FILED 3-26 31 Amick Rieckhoff Registrar

MEDICAL CERTIFICATE OF DEATH 11:45 PM

21. DATE OF DEATH (MONTH, DAY, AND YEAR) MAR 25, 1931

22. I HEREBY CERTIFY That I attended deceased from Febr. 11, 1931, to Mar. 25, 1931
 I last saw him alive on Mar 22, 1931. Death is said to have occurred on the date stated above, at 11:45 PM
 The principal cause of death and related causes of importance were as follows:
arteriosclerosis
Senile dementia
 Date of onset Just Prior

Other contributory causes of importance:
Senile dementia

Name of operation None Date of _____
 What test confirmed diagnosis? Physic Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? no Date of injury None, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. (D)

Manner of injury -
 Nature of injury -

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) John Engelbrecht, M. D.
 (Address) Stony Hill, Mo.

WRITE PLAINLY WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

APR 21 1931

