MAY 27 193

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

Do not use this space.

1. PLACE OF DEATH
County Platte — Registration District No. 698 — File No. 15261
Township Marshall — Primary Registration District No. 5926 — Registered No.
City ..... (No. ..... St. ..... Ward)

2. FULL NAME Charles Edward Feeback
(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)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 16, 1857

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	73	6	26	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer 1
(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) Nicholas Co. Ky

PARENTS
10. NAME OF FATHER James P. Feeback
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Ky
12. MAIDEN NAME OF MOTHER Mary Peterson
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Ky

14. INFORMANT Louisa Jane Feeback
(Address) Weston, Mo.

15. FILED 4/20 1931 J. H. Bell REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 12 1931

17. I HEREBY CERTIFY, That I attended deceased from ——, 19—, to ——, 19—, that I last saw h— alive on ——, 19—, and that death occurred, on the date stated above, at ——m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Drowning
Body found floating in Missouri River (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) 183 (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH .....
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) L. F. Rollins, Coroner, M. D.
4-13 1931 (Address) Platte City, 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
Pleasant Ridge Cem	4-16 1931

20. UNDERTAKER	ADDRESS
L. F. Rollins	Platte City, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified.