

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

Do not use this space.

**27453**

**1. PLACE OF DEATH**

County Easton  
Township Clark  
City Clark

Registration District No. 41  
Primary Registration District No. 5062

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

**2. FULL NAME**

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

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 8 - 1870  
7. AGE YEARS 61 MONTHS 4 DAYS 26 If LESS than 1 day, .....hrs. or .....min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ....  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer  
10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) Near Onex (STATE OR COUNTRY) Missouri

13. NAME  Rufus F. Felty

14. BIRTHPLACE (CITY OR TOWN) Verg (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Margaret Umbarger

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

17. INFORMANT Cora Felty (ADDRESS) Liberal Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Like Cemetery DATE Aug. 6 1931

19. UNDERTAKER W. J. Rivers (ADDRESS) Liberal Mo.

20. FILED Aug. 10 1931 F. H. Duce Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 3 1931

22. I HEREBY CERTIFY, That I attended deceased from 0 1931 to 0 1931.  
I last saw him alive on July 18, 1931. Death is said to have occurred on the date stated above, at 8:30 p. m.  
The principal cause of death and related causes of importance were as follows:

Myocarditis  
930  
9310  
Other contributory causes of importance: 0

Name of operation 0 Date of 0  
What test confirmed diagnosis? History of incomplete heart Was there an autopsy? 0

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? No Date of injury 0, 1931  
Where did injury occur? 0 (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury 0  
Nature of injury 0

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify  
(Signed) A. H. Eddleman, M. D.  
(Address) Liberal 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.

