

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

Do not use this space.

32289

1. PLACE OF DEATH

County St. Francois

Registration District No. 773

Township St. Francois

Primary Registration District No. 6018A

Near Farmington, Mo.

(No.)

File No.

Registered No. 130

St. Ward

2. FULL NAME Hiram Fecklin

(a) Residence. No. Portageville, Mo. 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

MEDICAL CERTIFICATE OF DEATH

3. SEX

Female

4. COLOR OR RACE

White

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

Widower

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

Unknown

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 21, 1850

7. AGE

YEARS

MONTHS

DAY

If LESS than 1 day, hrs. or min.

80

11

29

8. OCCUPATION OF DECEASED

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

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) ... Pike County Ind. (STATE OR COUNTRY)

10. NAME OF FATHER John Fecklin

11. BIRTHPLACE OF FATHER (CITY OR TOWN) ... Germany (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Barbara Ellen Connor

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ... Ind. (STATE OR COUNTRY)

14. INFORMANT Hospital Records Farmington, Mo.

15. FILED 9-24-1931 J. S. Robinson REGISTRAR

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 20 1931

17. I HEREBY CERTIFY, That I attended deceased from Aug 21, 1928, to Sept 20, 1931, that I last saw him alive on Sept 20, 1931, and that death occurred, on the date stated above, at 6:30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Hypostatic Pneumonia
Bronch. Pneumonia
155 B
107 A (duration) yrs. mos. 4 ds.

CONTRIBUTORY (SECONDARY) Atherosclerosis general and fractured leg 3 weeks ago (Spontaneous) (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? yes
WHAT TEST CONFIRMED DIAGNOSIS? clinical & autopsy
(Signed) P. S. Jahn, M. D.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSE, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Hospital Cemetery **DATE OF BURIAL** Sept 24 1931

20. UNDERTAKER State Hospital No. 4 **ADDRESS** Farmington Mo

Oct 26 1931

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.

