

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

Do not use this space.

13481

1. PLACE OF DEATH

80 County Latta
Township La Monte
3 City La Monte (No.)

Registration District No. 667
Primary Registration District No. 4400

File No.
Registered No. 14
St. Ward)

2. FULL NAME J. Davis Felix

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male **4. COLOR OR RACE** white **5. SINGLE, MARRIED, WIDOWED, OR DIVORCED** widower
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF May Felix
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 20-1854
7. AGE YEARS 77 MONTHS 9 DAYS 25 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Realtor
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) .. **11. Total time (years) spent in this occupation** ..

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) mo /

13. NAME William Felix

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont know

15. MAIDEN NAME Susanna Curry

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont know

17. INFORMANT (ADDRESS) ..

18. BURIAL, CREMATION, OR REMOVAL
PLACE Lebanon Mo DATE April 16, 1932

19. UNDERTAKER (ADDRESS) B. F. Parker La Monte Mo

20. FILED April 15, 1932 B. F. Parker
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 15 1932
22. I HEREBY CERTIFY, That I attended deceased from Apr 12 1932 to Apr 15 1932
I last saw him alive on Apr 15 1932. Death is said to have occurred on the date stated above, at 3:30 a.m.
The principal cause of death and related causes of importance were as follows:

11A
1070
Influenza
He had been sick 10 days before called an M. & Saw him Apr 12-32 in P.M.
Other contributory causes of importance:
Bronchial Pneumonia, both lungs & strep. Mem. Tuss in both lungs

Date of onset
Can't tell date of onset. How long did Pneumonia last? 10 days

Name of operation .. Date of ..
What test confirmed diagnosis? Send / / 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 .., 19 ..

Where did injury occur? .. (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ..
Nature of injury ..

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify ..

(Signed) W.E. Walker .. M. D.
(Address) La Monte 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.

MAY 26 1932

