U. S. No. 2 MARGIN RESERVED FOR BINDING

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.

JUL 23 1932

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

Do not use this space.

19263

1. PLACE OF DEATH

39 County Greene — Registration District No. 318 — File No.

Township N Campbell — Primary Registration District No. 5439 — Registered No. 434

City Springfield (No. Route 4 St. Ward)

2. FULL NAME John T. Felkins

(a) Residence No. RD 4 Springfield, Mo Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) unknown

7. AGE: 76 — YEARS — MONTHS — DAYS — If LESS than 1 day, ___ hrs. or ___ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

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 mine

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo - Christian Co

FATHER

13. NAME James T. Felkins

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown 31

MOTHER

15. MAIDEN NAME Mary Jane Phillips

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

17. INFORMANT (ADDRESS) Hunter Estes Route 4

18. BURIAL, CREMATION, OR REMOVAL PLACE County Farm DATE 6-18 1932

19. UNDERTAKER (ADDRESS) Hunter Estes Springfield Mo.

20. FILED 6-18 1932 R W Langston Registrar

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-17 1932

22. I HEREBY CERTIFY, That I attended deceased from Mar 17, 1931, to 6-17, 1932

I last saw him alive on 6-17, 1932 Death is said to have occurred on the date stated above, at 11:30 p.m.

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis — Date of onset unknown

131

97 131

Other contributory causes of importance:

Chronic nephritis — unknown

Name of operation none Date of

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ✓ 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. none

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. T. Walsh, M. D.

(Address) Springfield Mo