

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

Do not use this space.

19829

1. PLACE OF DEATH

48 County Jackson
Township Brookings
City Raytown, Mo.

Registration District No. 403
Primary Registration District No. 5357
(No. Leeds Station R.R. # 3)

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME Alonzo Alvaro Fellers

(a) Residence, No. Leeds Station R.R. #3 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 21, 1864

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
(68) 67 0 11

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 237
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. general
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) Unknown Penn.

13. NAME Alonzo Fellers

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Penn.

15. MAIDEN NAME No Record

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Record No Record

17. INFORMANT Alice Fellers
(ADDRESS) Leeds Sta. R.R. #3

18. BURIAL, CREMATION, OR REMOVAL
PLACE Brookings DATE June 4, 1932

19. UNDERTAKER Mrs. O. L. Forster
(ADDRESS) 918 Brooklyn Ave. R. O. Mo.

20. FILED 6-4-32 H. W. Xalos, M.D.
Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 2 1932

22. I HEREBY CERTIFY, That I attended deceased from Leeds Station, 1932

I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at 9:00A.M.

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

Ruptured Liver Date of onset _____

194 B
125 B
103 B

Other contributory causes of importance:

Hepatic Hyperstrophy

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? yes

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.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?
If so, specify _____

(Signed) [Signature], M. D.

(Address) Leeds Station

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

WRITE PLAINLY, WITH OMPACTING INFORMATION

C. E. KRIMMINGER, M. D.
FARMERS & MERCHANTS BANK BLDG.
INDEPENDENCE, MO.

August 15, 1932.

State Board of Health
Jefferson City, Mo.

Gentlemen:

Re: Alonzo Alvaro Fellers.

I did a post-mortem on this party on June 2, 1932 and I found a Hypertrophied Liver, which was ruptured causing an internal hemorrhage. So far as the Etiological factor is concerned, I was unable to trace it. There were no visible Traumatism.

I am sorry I am unable to give you a more intelligent answer.

Yours very truly,

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Jackson
Township Brookings
City (No. _____) _____ St. _____ Ward _____

Registration District No. 403
Primary Registration District No. 5357

File No. _____
Registered No. _____

2. FULL NAME

Alonso Alvarez Fellers

(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 m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

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

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

7. AGE YEARS MONTHS DAYS 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.

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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE

19. UNDERTAKER (ADDRESS)

20. FILED 6-4-1932 W. W. Noble, Md. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 2, 1932

22. I HEREBY CERTIFY, That I attended deceased from _____, to _____, 19____.

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

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

Cruptured Liver Date of onset _____

Other contributory causes of importance Hepatic hypertrophy

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____ (Signed) _____, M. D.

(Address) _____

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW.

N. B. Every effort should be made to determine the cause of death, so that it may be properly classified. Exact occupation is important.