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.

SEP 24 1932

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

Do not use this space.

26637

1. PLACE OF DEATH

56 County Lewis — Registration District No. 477 — File No.

Township Dickerson — Primary Registration District No. 5646 — Registered No. 43

City ~~Monticello~~ (No. ..... St. ..... Ward)

2. FULL NAME John B. Felgar

(a) Residence, No. ..... St., ... 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): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 3 - 1871

7. AGE: YEARS 61 — MONTHS 5 — DAYS 27 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer 1
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) Aug 30, 1932
11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hancock Co 1

FATHER

13. NAME William H. Felgar
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pennsylvania 2

MOTHER

15. MAIDEN NAME Mary Hardy
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 31

17. INFORMANT (ADDRESS) Mrs. J. B. Felgar Monticello Mo

18. BURIAL, ~~CREMATION~~, OR REMOVAL
PLACE Monticello Mo DATE Sept 1, 1932

19. UNDERTAKER (ADDRESS) F. D. Kelly Canton Mo

20. FILED 8-31 1932 H. W. Harris M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 30, 1932

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

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 5:30 a.m.

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

	Date of onset
We the jury find that J.B. Felgar came to his death on Aug. 30, 1932 by the accidental discharge of a shot gun. 184	174

Other contributory causes of importance:

5

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) F. D. Kelly Coroner, ~~M.D.~~

(Address) Canton Mo