

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.

JAN 22 1933

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

Do not use this space.

646

1. PLACE OF DEATH
 County Greene Registration District No. 192
 Township Jefferson Primary Registration District No. 5273
 City (No.) St. Ward

2. FULL NAME John Henry Fell
 (a) Residence, No. St. Ward

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED—HUSBAND OF (or) WIFE OF Edna Xarmon Lehman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 15, 1863

7. AGE YEARS 69 MONTHS 4 DAYS 17 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stock Raising

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer

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) Muskogee Co. Ohio

FATHER 13. NAME John Fell

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

MOTHER 15. MAIDEN NAME Isabelle M. Kinson

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

17. INFORMANT Mrs. Edna Fell (ADDRESS) Revere Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Kokola Cem. DATE Jan 4, 1933

19. UNDERTAKER Frederick ... (ADDRESS) Kokola Mo.

20. FILED Jan 10 1933 J. M. ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 2, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1933 to Jan 2, 1933
 I last saw him alive on Jan 2, 1933 Death is said to have occurred on the date stated above, at 9:50 A.M.
 The principal cause of death and related causes of importance were as follows:
Pneumonia Date of onset 1/2/33
Myocarditis Chronic
 735 10/11

Contributory causes of importance:
Myocarditis Chronic

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. J. R. Bridgman M. D.
 (Signed) Kokola Mo
 (Address) Kokola Mo

