

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 22 1933

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

12916

1. PLACE OF DEATH

County LASCONADE
 Township RICHLAND
 City LASCONADE (No. _____)

Registration District No. 304
 Primary Registration District No. 5421

File No. 30
 Registered No. _____
 St. _____ Ward _____

2. FULL NAME

FRANK ANDREW FEAGAN

(a) Residence, No. _____
 (Usual place of abode)

St. _____ Ward _____

(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 <u>MALE</u>	4. COLOR OR RACE <u>WHITE</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>MARRIED</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>MATHILDA FEAGAN</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>MAR-1-1863</u>		
7. AGE <u>70</u>	YEARS <u>1</u>	MONTHS <u>21</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>LABORER</u>		9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>✓</u>
10. Date deceased last worked at this occupation (month and year) <u>✓</u>		11. Total time (years) spent in this occupation <u>✓</u>

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

LINN MO

13. NAME

Wm. FEAGAN

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

VIRGINIA

15. MAIDEN NAME

SARAH BRANSON

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

UNKNOWN

17. INFORMANT (ADDRESS)

Mrs. Frenco Clifton
Lasconade Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE LASCONADE DATE 1933

19. UNDERTAKER (ADDRESS)

HUGO BLUMER
HERMAN MO20. FILED 4-18 1933

Z. Kicker

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 27 1933
 22. I HEREBY CERTIFY, that I attended deceased from Jan 1 1933 to Apr 27 1933
 I last saw him alive on Apr 20 1933 Death is said to have occurred on the date stated above, at 2:00 p.m.
 The principal cause of death and related causes of importance were as follows:

Mitral Insufficiency
Chronic Nephritis

Other contributory causes of importance:

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ 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 _____ 1933
 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) Howard H. Homan, M. D.(Address) Perashing mo

