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 26 1933

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

Do not use this space.

26820

1. PLACE OF DEATH

50 County JEFFERSON — Registration District No. 425 — File No. 10

Township MERAMEC — Primary Registration District No. 5580 — Registered No. 21

City ✓ (No. ..... , ... St. ..... Ward)

2. FULL NAME JOHN - FEARNEY

(a) Residence, No. JEFFERSON COUNTY ~~St.~~ ~~Ward~~ (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 12 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) MARRIED.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR) WIFE OF~~ ANNIE FEARNEY

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11-23-1855

7. AGE YEARS 77 MONTHS 8 DAYS 11 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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. 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~~) VIRGINIA.

FATHER

13. NAME LOUIS - FEARNEY

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

MOTHER

15. MAIDEN NAME SARAH - JOHNS

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

17. INFORMANT (ADDRESS) Alice Summers Catawissa, Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE REED'S CHURCH DATE 8/6 1933

19. UNDERTAKER (ADDRESS) B. C. Schuee CATAWISSA, MO.

20. FILED 8/6 1933 James A Townsend Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-4 1933

22. I HEREBY CERTIFY, That I attended deceased from June 11, 1933, to Aug 4, 1933

I last saw him alive on Aug 4, 1933 Death is said to have occurred on the date stated above, at 5 p.m.

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

Chronic Interstitial Nephritis. | 31 | Date of onset 5 years ago

Other contributory causes of importance: Endocarditis of 3 mo. duration

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 ....., 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) John F. Roeser, M. D.

(Address) Dittmer Mo