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

Do not use this space.

1. PLACE OF DEATH

County Buchanan, Registration District No. 85 File No. 35746

Township Primary Registration District No. 1001 Registered No. 1125

City St. Joseph, (No. 1322 Penn St. Ward)

2. FULL NAME Natalie Fetherstonhaugh,

(a) Residence, No. 1322 Penn St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

11 5 9

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed,

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Cuthbert J. Fetherstonhaugh,

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 15, 1853

7. AGE: YEARS 80, MONTHS 2, DAYS 3. If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeping,
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home,
10. Date deceased last worked at this occupation (month and year) November 1933
11. Total time (years) spent in this occupation 60

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Albemarle County, Virginia,

FATHER

13. NAME William B. Roberts,
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Nelson County, Virginia,

MOTHER

15. MAIDEN NAME Mary White,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Nelson County, Virginia,

17. INFORMANT (ADDRESS) Miss Kate Fetherstonhaugh 1322 Penn Street,

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mount Mora Cem. DATE Nov. 20th 1933

19. UNDERTAKER (ADDRESS) Teaton - BeGale & Bowman 319 So. 10th St. Funeral Home

20. FILED NOV 20 1933 John R Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

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21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 18th, 1933

22. I HEREBY CERTIFY, That I attended deceased from 10/13, 1933, to Nov 18, 1933

Last saw her alive on Nov 17, 1933. Death is said to have occurred on the date stated above, at 11:30 a.m.

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

Chr. myocarditis
arteria - sclerosis,
Bronchi - pneumonia
186A (Terminal)
194B
93C

Date of onset

Other contributory causes of importance:
Fracture of neck of femur
Rt.

Name of operation — Date of
What test confirmed diagnosis? X-ray etc. Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? accident Date of injury Oct 13, 1933
Where did injury occur? Home (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Home
Manner of injury Fell down stairs
Nature of injury Fracture neck of femur

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify no
(Signed) H. R. Wallace, M. D.
(Address) 301 N 8th St Joseph Mo

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.