WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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 4 1934

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

Do not use this space.

36376

1. PLACE OF DEATH

County Jackson — Registration District No. 398 — File No.

Township Blue — Primary Registration District No. 5554 — Registered No. 371

City Independence Mo. (No. ..... St. ..... Ward)

2. FULL NAME Claudie Raymond Felix

(a) Residence, No. Independence Mo. RR#4 St. Rx 746 Ward.
(Usual place of abode) (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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: "

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 29 - 1912

7. AGE: YEARS 21 — MONTHS 4 — DAYS 21 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Helper on Farm
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)
11. Total time (years) spent in this occupation

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

FATHER

13. NAME Elmer Felix
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown "

MOTHER

15. MAIDEN NAME Lucy B. Ritter
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Eastern Jackson Co.

17. INFORMANT (ADDRESS) A. S. Ritter Independence Mo RR#4 Rx 740

18. BURIAL, CREMATION, OR REMOVAL
PLACE Stanley Graveyard #40 DATE Nov 22 1933

19. UNDERTAKER (ADDRESS) Ott + Mitchell Independence Mo

20. FILED Nov. 21 1933 Dr. F. L. Cook Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 20 1933

22. I HEREBY CERTIFY, That I attended deceased from ~~[illegible]~~ 8/1, 1933, to 11/20, 1933

I last saw him alive on 11/18, 1933. Death is said to have occurred on the date stated above, at 5:00 A.m.

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

Aortic regurgitation

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? clinical 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? No

If so, specify .....

(Signed) J. W. Greene, M. D.

(Address) Independence Mo