

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

Do not use this space.

MAY 25 1934

1. PLACE OF DEATH

County Callaway Registration District No. 104
 Township Prille Primary Registration District No. 5156
 City Baughman (No.) St. Ward)

File No. 12106
 Registered No. 88

2. FULL NAME Ruben S. Felbner

(a) Residence, No. St. 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 <u>m</u>	4. COLOR OR RACE <u>w</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the ward) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Wara Felbner</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan. 18, 1881</u>		
7. AGE	YEARS <u>53</u>	MONTHS <u>2</u>
	DAYS <u>29</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>farmer</u>	
	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.....

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 17 1934

22. I HEREBY CERTIFY, That I attended deceased from 4/3/34 1934, to 4/11/34 1934
 I last saw him alive on 4/11/34 1934. Death is said to have occurred on the date stated above, at 3:30 p.m.
 The principal cause of death and related causes of importance were as follows:

Carcinoma of stomach Date of onset years

Other contributory causes of importance

Name of operation none Date of X
 What test confirmed diagnosis? X Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? X Date of injury X, 19.....
 Where did injury occur? X (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) A. H. Christian, M. D.
 (Address) Baughton mo.

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>
	13. NAME <u>Wm. S. Felbner</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>
	15. MAIDEN NAME <u>Judy Brewer</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>
	17. INFORMANT (ADDRESS) <u>Mrs Wara Felbner</u>
	18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Fairview Cem.</u> DATE <u>April 19, 1934</u>
	19. UNDERTAKER (ADDRESS) <u>Geo. J. Wallace</u>
	20. FILED <u>Apr 19, 1934</u> <u>R. N. Cress</u> Registrar.

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.

