

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

Do not use this space.

29915

1. PLACE OF DEATH
 55 County Laurance Registration District No. 470
 4 Township _____ Primary Registration District No. 4283
 2 City Mt Vernon No. _____ St. _____ Ward _____

2. FULL NAME Thos J Fenton
 (a) Residence, No. Mt Vernon Mo. 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. da. How long in U. S., if of foreign birth? yrs. mos. da.

File No. _____
 Registered No. 69
 St. _____ Ward _____

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX m 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 19th 1848

7. AGE YEARS 88 MONTHS 10 DAYS _____ IF LESS than 1 day, _____ hrs. or _____ min.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 26 1934

22. I HEREBY CERTIFY, That I attended deceased from June 5 1934 to Aug 26 1934
 Last saw him alive on Aug 26 1934 Death is said to have occurred on the date stated above, at 11:00 m.
 The principal cause of death and related causes of importance were as follows:
Chronic Intestinal Obstruction Date of onset Chc 1934
Suppuration

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer.

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 _____

Other contributory causes of importance: 131

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

13. NAME John E Fenton

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

Name of operation _____ Date of _____
 What test confirmed diagnosis? lab. Was there an autopsy? no

MOTHER 15. MAIDEN NAME Mollie Hess

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

FATHER 17. INFORMANT John Fenton
 (ADDRESS) Mt Vernon Mo.

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. _____

18. BURIAL, CREMATION, OR REMOVAL PLACE 201 Cem DATE Aug 28 1934

19. UNDERTAKER (ADDRESS) Phillips & Society Mt Vernon Mo.

20. FILED Aug 30, 1934 P.A. Holmes Registrar

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 A Holmes, M. D.
 (Address) Mt Vernon

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.

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

65-31-80

