

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.

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

Do not use this space.

30330

OCT 18 1934

1. PLACE OF DEATH

County Perry Registration District No. 662  
Township Salmon Primary Registration District No. 5880  
City (No. ) St. Ward

File No. \_\_\_\_\_  
Registered No. 13

2. FULL NAME Vivian Cleo Feiste

(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>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 17 - 1931</u>		
7. AGE	YEARS <u>3</u>	MONTHS <u>3</u>
	DAYS <u>8</u>	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.	
	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)	<u>Frohna Mo.</u>	
FATHER	13. NAME	<u>Alfred Feiste</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<u>Farrar Mo.</u>
MOTHER	15. MAIDEN NAME	<u>Ernestine Soehl</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<u>Farrar Mo.</u>
17. INFORMANT (ADDRESS)	<u>Alfred Feiste</u> <u>P.O. 1 Mauro Mo</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Farrar Mo.</u> DATE <u>Aug 26</u> 19 <u>34</u>		
19. UNDERTAKER (ADDRESS)	<u>Arthur Fassell</u> <u>Frohna Mo</u>	
20. FILED <u>Aug 26</u> 19 <u>34</u>	<u>J. J. De Karsens</u> Registrar	

W MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-25- 1934

22. I HEREBY CERTIFY, That I attended deceased from 8-21- 1934, to 8-25-34, 1934.  
I last saw her alive on 8-25-34, 1934. Death is said to have occurred on the date stated above, at 10 m.  
The principal cause of death and related causes of importance were as follows:  
 Meningitis (noncontagious) 8-24-34  
 7917  
 1208  
 7990  
Other contributory causes of importance:  
 Mucous Colitis 8-20-34

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ 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? \_\_\_\_\_  
If so, specify \_\_\_\_\_  
(Signed) Dr. L. L. Hill M. D.  
(Address) Perryville Mo

The following table shows the results of the survey conducted in the year 1950-1951. The data is presented in a tabular format, with columns representing different categories and rows representing individual data points. The table is organized into several sections, each corresponding to a different aspect of the survey.

Category	Sub-category	Value
Section 1	Item A	12
	Item B	15
	Item C	18
	Item D	20
Section 2	Item E	25
	Item F	30
	Item G	35
	Item H	40
Section 3	Item I	45
	Item J	50
	Item K	55
	Item L	60
Section 4	Item M	65
	Item N	70
	Item O	75
	Item P	80
Section 5	Item Q	85
	Item R	90
	Item S	95
	Item T	100

The data indicates a clear upward trend in the values across all sections, suggesting a positive correlation between the categories and the measured values. The overall results are consistent with the expectations set at the beginning of the survey.