

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.

JUN 26 1935

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

Do not use this space.

15850

1. PLACE OF DEATH

County Cedar  
Township Linn  
City (No. ....) (No. ....) St. .... Ward)

Registration District No. 1657  
Primary Registration District No. 5231

File No. June 20/35  
Registered No. 115

2. FULL NAME

Jalen Michael Felty  
(a) Residence, No. Stockton mo. 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>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mary Felty</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Mar. 31 - 1893</u>		
7. AGE	YEARS <u>62</u>	MONTHS <u>1</u>
	DAYS <u>22</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. <u>Rubber</u>	
	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>Onyx Cedar Co Mo</u>		
FATHER	13. NAME <u>R. F. Felty</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Virginia</u>	
MOTHER	15. MAIDEN NAME <u>Margaret Umbarger</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Jugonia</u>	
17. INFORMANT (ADDRESS) <u>Mary Felty</u> <u>Jessie Spiga Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Our Cedar Co</u>	DATE <u>5/24</u> 19 <u>35</u>	
19. UNDERTAKER (ADDRESS) <u>W. Mitchell</u> <u>Jessie Spiga Mo</u>		
20. FILED <u>6/26</u> 19 <u>35</u>	In <u>W. Brown</u> Registrar.	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 23 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov 1, 1933, to May 23, 1935

I last saw him alive on May 10, 1935. Death is said to have occurred on the date stated above, at 5:30 a.m.

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

Cerebral hemorrhage

Date of onset

Other contributory causes of importance

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) H. A. Smell, M. D.  
(Address) Stockton Mo.

