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 4 1935

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

Do not use this space.

18665

1. PLACE OF DEATH

100 County Scott — Registration District No. 816 — File No.

4 Township — Primary Registration District No. 4492 — Registered No. 44

4 City (Chaffee) (No. ..., ... St. ..... Ward)

2. FULL NAME Benjamin Hugh Fee

(a) Residence, No. 130 Parker St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 3, 1868

7. AGE: YEARS 66 — MONTHS 8 — DAYS 0 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Weaver
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Reed Baskets
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): Meredosia. Ill

FATHER

13. NAME: Elias E. Fee
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Meredosia Ill

MOTHER

15. MAIDEN NAME: Julia Bond
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Meredosia Ill

17. INFORMANT (ADDRESS): Mollie Fee Chaffee, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Poplar Bluff DATE 5-5 1935

19. UNDERTAKER (ADDRESS): Frank Undertaking Co. Poplar Bluff, Mo.

20. FILED 5-6 1935 W. D. Finney Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 5-3-, 1935

22. I HEREBY CERTIFY, That I attended deceased from April 25, 1935, to May 3, 1935

I last saw him alive on May 2, 1935. Death is said to have occurred on the date stated above, at 11 P. m.

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

Chronic myocarditis — Date of onset ?

Other contributory causes of importance: Alcohol by age

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

What test confirmed diagnosis? Clinical Was there an autopsy? No

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) G. A. Sample M.D.
(Address) Chaffee Mo.