

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

Do not use this space.

23043

AUG 20 1935

1. PLACE OF DEATH

County Jackson Registration District No. 399
 Township Kaw Primary Registration District No. 1002
 City Kansas City (No. Berkshire Hotel) St. _____ Ward _____

File No. _____
 Registered No. 2781

2. FULL NAME WILLIAM EDGAR FELLOWS

(a) Residence, No. Berkshire Hotel 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>Maye Fellows</u>					
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>December 31, 1875</u>					
7. AGE YEARS <u>59</u>		MONTHS <u>6</u>		DAYS <u>10</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. <u>Hytone Ink Corp.</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>Mount Ayr Iowa</u>					
FATHER	13. NAME <u>William Fellows</u>				
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>No information</u>				
	15. MAIDEN NAME <u>No information</u>				
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Massachusetts</u>				
	17. INFORMANT (ADDRESS) <u>Mayme Fellows Berkshire Hotel</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Joseph, Mo.</u> DATE <u>7/11-35</u>					
19. UNDERTAKER (ADDRESS) <u>William McClure 2235 Williams Plaza</u>					
20. FILED <u>7-10-35</u> <u>M. M. Corwin</u> Registrar					

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 10th 1935

22. I HEREBY CERTIFY, That I attended deceased from June 6, 1935, to July 9, 1935
 I last saw him alive on July 9, 1935 Death is said to have occurred on the date stated above, at 2 A. M.
 The principal cause of death and related causes of importance were as follows:
Cerebral hemorrhage July 4, 1935
9721
 Other contributory causes of importance:
Arteritis

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) J. C. [Signature] M. D.
 (Address) 2045 Broadway

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

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.

Dr. James

2045 Broadway
New York