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.

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

SEP 18 1935

Do not use this space.

25732

1. PLACE OF DEATH

County Callaway — Registration District No. 104

Township Fulton — Primary Registration District No. 3008

City Fulton, Mo. (No. ..., ... St. ... Ward)

File No. ...

Registered No. 170

2. FULL NAME Dora Feckley

(a) Residence, No. Edina, 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. 11 mos. 10 ds. How long in U. S., if of foreign birth DK yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widower

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) DK

7. AGE — YEARS: 80 — MONTHS: DK — DAYS: DK — If LESS than 1 day, ... hrs. or ... min.

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) DK

11. Total time (years) spent in this occupation

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

FATHER

13. NAME DK

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

MOTHER

15. MAIDEN NAME DK

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

17. INFORMANT (ADDRESS) Hospital Records

18. BURIAL, CREMATION, OR REMOVAL Removal
PLACE Edina Mo. DATE Aug 8 1935

19. UNDERTAKER (ADDRESS) Leo Wallace, Fulton

20. FILED Aug 7 1935 R. N. Crews
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 5 1935

22. I HEREBY CERTIFY, That I attended deceased from Augy 5, 1935, to Aug. 5, 1935

I last saw h. im alive on Aug. 5, 1935. Death is said to have occurred on the date stated above, at 4:30 A. M.

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

	Date of onset
~~Cerebral Hemorrhage~~	
Uremia	8/5/35

Other contributory causes of importance

Senility and Arteriosclerosis

Chronic Interstitial Nephritis

Name of operation ... Date of 8/5/35

What test confirmed diagnosis? ... Was there an autopsy? Yes

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) E. E. Landis, M. D.

(Address) Fulton, Mo