

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.

JAN 22 1937

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

Do not use this space.

45806

1. PLACE OF DEATH

County Repe
Township Indiana
City Harry Gardner Fester (No. _____)

Registration District No. 686
Primary Registration District No. 6914

File No. _____
Registered No. 27
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary E. Fester

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 7 1862

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
74 6 14

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) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Buffalo N.Y.

13. NAME James G. Fester

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pittsford N.Y.

15. MAIDEN NAME Lucy Standart

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Elmer N.Y.

17. INFORMANT (ADDRESS) Jim Hansen

18. BURIAL, CREMATION, OR REMOVAL PLACE New Harmony DATE Dec 22 1936

19. UNDERTAKER (ADDRESS) W. S. Waters Vandalia

20. FILED Dec 22 1936 Mrs Gene Hendrix Registrar.

MEDICAL CERTIFICATE OF DEATH

Harry Fester
21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 21 1936

22. I HEREBY CERTIFY, That I attended deceased from _____, 19 X, to _____, 19 X.
I last saw him X alive on _____, 19 X. Death is said to have occurred on the date stated above, at _____ m.
The principal cause of death and related causes of importance were as follows:

Coronary thrombosis from history

Other contributory causes of importance: Aut

Name of operation _____ Date of _____
What test confirmed diagnosis? X Was there an autopsy? X

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? X Date of injury X, 19 X.
Where did injury occur? X (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? X
If so, specify _____
(Signed) Charles J. Moran M.D. Coroner
(Address) Bourbon Green Mo.

