

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

Do not use this space.

**MAR 17 1937**

5532

1. PLACE OF DEATH *Clay*  
 County *Fishback, Boone* Registration District No. *198 537A*  
 Township *Fishback, Boone* Primary Registration District No. *304*  
 City *\_\_\_\_\_* (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME *George Luigen Feltes*  
 (a) Residence, No. *\_\_\_\_\_* Street *\_\_\_\_\_* Ward *\_\_\_\_\_*  
 (Usual place of abode) *Missouri City, Mo.* (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred *60* 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) *Widower*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Queenella Luigen Feltes*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Nov. 22 - 1847*

7. AGE YEARS *89* MONTHS *1* DAYS *27* IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Retired Farmer*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *for self*

10. Date deceased last worked at this occupation (month and year) *20* 11. Total time (years) spent in this occupation *40*

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Clinton Co Mo.*

13. NAME *George Luigen Feltes*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Evans Ky*

15. MAIDEN NAME *Evans*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Ky*

17. INFORMANT (ADDRESS) *Ruth Pencey \_\_\_\_\_ Mo*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Missouri City, Mo* DATE *2/17/37* 1937

19. UNDERTAKER (ADDRESS) *Chas. H. Archer Co \_\_\_\_\_ Mo*

20. FILED *2-20* 1937 *Louisa M. Cradock Registrar*

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *July 19 - 1937*

22. I HEREBY CERTIFY That I attended deceased from *Feb 11th 1937* to *Feb 19th 1937*  
 I last saw him alive on *Feb 17*, 1937 Death is said to have occurred on the date stated above, at *12:15 p.m.*  
 The principal cause of death and related causes of importance were as follows:  
*Stroke - Senility* Date of onset \_\_\_\_\_

Other contributory causes of importance: *Stroke - 80*

Name of operation *no* Date of \_\_\_\_\_  
 What test confirmed diagnosis? *no* 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? \_\_\_\_\_  
 If so, specify \_\_\_\_\_  
 (Signed) *N. F. Nussong* M. D.  
 (Address) *Shelby Clay County Missouri*

WHITE PLAIN, WITH OMPADING MARRIAGE 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.

X7044

SPES

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

Do not use this space.

*12*

**1. PLACE OF DEATH**

County Clay Registration District No. 198 File No. 5332  
 Township Fishy River Primary Registration District No. 2277a Registered No. 27  
 City (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

George Lingenfelter  
 (a) Residence, No. \_\_\_\_\_ 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) wid

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

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

7. AGE YEARS 89 MONTHS 1 DAYS 27 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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.  
 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)

FATHER 13. NAME \_\_\_\_\_

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

MOTHER 15. MAIDEN NAME \_\_\_\_\_

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE \_\_\_\_\_ DATE \_\_\_\_\_ 19

19. UNDERTAKER (ADDRESS)

20. FILED 2-28 1937 Lorina M. Cracker Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 19 1937

I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_. I last saw h\_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. 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:

Hemiplegia & senility  
apoplexy Date of onset \_\_\_\_\_

Other contributory causes of importance: GB

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) M. J. Ferguson M. D.  
 (Address) Liberty Clay Co. Mo.

SUPPLEMENTAL

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.

5-5532