

MAR 18 1937

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

Do not use this space.

1. PLACE OF DEATH

County CooperRegistration District No. 222File No. 2, 5624Township Pilot GrovePrimary Registration District No. H-135

Registered No. _____

City BoonvilleSt. Mo.

Ward) _____

2. FULL NAME Ferman Joseph Felton(a) Residence, No. Pilot Grove Mo. - R.F.D.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 82 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>Margaretta Felton</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 9 - 1854</u>		
7. AGE	YEARS <u>82</u>	MONTHS <u>9</u>
	DAYS <u>6</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	
	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) <u>Jan - 14 - 1936</u>	11. Total time (years) spent in this occupation <u>60</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Pilot Grove Missouri</u>		
FATHER	13. NAME <u>Joseph Felton</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown Germany</u>	
MOTHER	15. MAIDEN NAME <u>unknown</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown Germany</u>	
17. INFORMANT <u>Richard Felton</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Martins Cem.</u> DATE <u>2-70</u> 19 <u>37</u>		
19. UNDERTAKER (ADDRESS) <u>Haus & Staacklin Pilot Grove Mo.</u>		
20. FILED <u>Feb. 19</u> 19 <u>37</u> <u>Mrs. E. B. McClutcheon</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb - 18 193722. I HEREBY CERTIFY, That I attended deceased from Nov. 29 1936, to Feb. 18 1937.I last saw him alive on Feb. 16 1937. Death is said to have occurred on the date stated above, at 5:30 a.m.

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

Chronic myocarditis and Arterio SclerosisDate of onset 11/29/36

Other contributory causes of importance:

BronchitisDate of onset 11/29/37

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) Dr. Condry, M.D.(Address) Pilot Grove Mo.

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.

