MAR 16 1937

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

Do not use this space.

11178

1. PLACE OF DEATH

County Buchanan — Registration District No. 85 — File No. 11178

Township — Primary Registration District No. 1001 — Registered No. 289

City St. Joseph, (No. 4th And Angelique Streets St. Ward)

2. FULL NAME Arthur Suel Feagan

(a) Residence, No. I6I2 So. I7 Street St., Ward. 9 (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred I2 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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Tessie Feagan

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): August. 22. I894.

7. AGE: Years 42 — Months 6 — Days II — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Conoco Filling Sta

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Employer

10. Date deceased last worked at this occupation (month and year): March. 3. 1937

11. Total time (years) spent in this occupation: 9. Yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Gower, Missouri.

FATHER

13. NAME: William Feagan

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Gower, Missouri.

MOTHER

15. MAIDEN NAME: Venetta Grooms

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Gower, Missouri.

17. INFORMANT (ADDRESS): Tessie Feagan I6I2 So. I7th Street

18. BURIAL, CREMATION, OR REMOVAL: Allen Cemetery
PLACE Gower, Missouri. DATE March. 6. 19 37

19. UNDERTAKER (ADDRESS): H. O. Sidenfaden & Son I802 Union Str St. Joseph, Mo.

20. FILED Mar 5 1937 H J Nestlebush Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): March. 3. 19 37

22. I HEREBY CERTIFY, That I attended deceased from March 3d 19 37, to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at About 8/15 P M

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

	Date of onset
Fractured skull from an apparent robbery (Homicide)	3/8-37

Other contributory causes of importance: none

Name of operation ..... Date of .....

What test confirmed diagnosis? history Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Himicide Date of injury 3/3 19 37

Where did injury occur? St Joseph Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Public place

Manner of injury beat over head with something

Nature of injury fractured skull

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) B. W. Tadlo Jr. Coroner 4, M. D.

(Address) St Joseph, 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.