

AUG 3.1 1937

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

Do not use this space.

1. PLACE OF DEATH

County Wright
Township W. Ward
City Hartsville (No. _____) St. _____ Ward _____

Registration District No. 906
Primary Registration District No. 4543

File No. 28652
Registered No. 5

2. FULL NAME

Thelara Ann Felch

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

Length of residence in city or town where death occurred 56 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 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF James G Felch

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 9 1880

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
56 9 17

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

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) West Plains (STATE OR COUNTRY) Mo

13. NAME John P Turner

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

15. MAIDEN NAME Mary Miller

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

17. INFORMANT Pearl Pryor (ADDRESS) Hutchinson Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Hartsville DATE May 27, 1937

19. UNDERTAKER Gene E. Holdren (ADDRESS) Hartsville Mo

20. FILED Aug 9, 1937 Carllyn E. Ebes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 26 1937

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1937, to May 26, 1937

I last saw h. alive on May 26, 1937 Death is said to have occurred on the date stated above, at 12:25 p.m.

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

Hypostatic Pneumonia
Capsular abscess of liver

Date of onset

Other contributory causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis? None 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 S

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____

(Signed) J. C. Withers, D.D. M.D.
(Address) Hartsville 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.

