DEC 21 1937

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

Do not use this space.

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1. PLACE OF DEATH
County Marion
Township ~~Liberty~~
City Palmyra (No. , St. Ward)

Registration District No. 548.
Primary Registration District No. 4323.

File No. 41873
Registered No. 53.

64
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2. FULL NAME Roger Innis Feaster

(a) Residence, No. Palmyra, Mo. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 10 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 Frances Davis

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 11, 1880

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	57	2	19	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Telegraph Operator
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) Philadelphia, Mo.

FATHER
13. NAME Samuel J. Feaster
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER
15. MAIDEN NAME Emma Minnefee
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Samuel F. Feaster Palmyra, Mo.

18. BURIAL, CREMATION, OR REMOVAL Palmyra, Mo.
PLACE Greenwood Cem. DATE 12/2/37, 19

19. UNDERTAKER (ADDRESS) Lewis Bros Palmyra, Mo.

20. FILED Dec. 1st 1937 Gertrude Lee Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) NOV. 30, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept, 1935, to Nov 30, 1937
I last saw him alive on Nov 29, 1937. Death is said to have occurred on the date stated above, at 1:25 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Bladder	3½ yrs

Other contributory causes of importance: None

Name of operation Cystoscopy Date of
What test confirmed diagnosis? Cystoscopy 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? No
If so, specify
(Signed) W. L. Powell, M. D.
(Address) Palmyra Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.