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

Do not use this space.

1. PLACE OF DEATH
County: Holt
44 Township: Nodaway
City: (No. , St. Ward)

Registration District No. 375
Primary Registration District No. 5323

File No. 2 2918
Registered No.

2. FULL NAME John N. Feuerbacher 561

(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 40 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~~ Minnie Feuerbacher

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 11 1862

7. AGE: Years 75 | Months 11 | Days 12 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. same
10. Date deceased last worked at this occupation (month and year) about Sept 1, 1937
11. Total time (years) spent in this occupation 50 yr

12. BIRTHPLACE (CITY OR TOWN) St Louis (STATE OR COUNTRY) Mo

FATHER
13. NAME John Feuerbacher
14. BIRTHPLACE (CITY OR TOWN) Wittenburg (STATE OR COUNTRY) Germany

MOTHER
15. MAIDEN NAME Mary Sheridan
16. BIRTHPLACE (CITY OR TOWN) Germany (STATE OR COUNTRY)

17. INFORMANT Wm Feuerbacher (ADDRESS) Dragoon Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Dragoon Mo. DATE Jan 25, 1938

19. UNDERTAKER Lester Pottjohn (ADDRESS) Dragoon Mo.

20. FILED Jan 24, 1938 Edith Lewis Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 23, 1938

22. I HEREBY CERTIFY That I attended deceased from Jan 1, 1933, to Jan 23, 1938, that I last saw him alive on Jan 23, 1938. Death is said to have occurred on the date stated above, at 10 A. m.

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

Cancer of Prostate Gland — Date of onset 1/1/33

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Other contributory causes of importance: none

Name of operation prostatectomy 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
Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) C. F. Warner, M. D.
(Address) Graham Mo

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N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PARAGRAPH 22 should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED
FEB 24 1938
BUREAU OF VITAL STATISTICS
MO. STATE BOARD OF HEALTH