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.

REC'D MAR 20 1938

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

Do not use this space.

2/1

1. PLACE OF DEATH

58

County Linn — Registration District No. 1084 — File No. 7308

Township Jackson — Primary Registration District No. 5662 — Registered No.

City ..... (No. ....., ..... St. ..... Ward)

2. FULL NAME William Richard Feslie 240

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

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M.
4. COLOR OR RACE: W.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Amby Feslie

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan. 10 - 1860

7. AGE: YEARS 78 — MONTHS 1 — DAYS 5 — If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION

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

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

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): Linn Co. Mo. 0

FATHER

13. NAME: Benjamin Feslie 9

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): not known 9

MOTHER

15. MAIDEN NAME: Harriett Smith

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): not known

17. INFORMANT (ADDRESS): Etta Browning, Browning Mo R2.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Haseville DATE Feb. 17 1938

19. UNDERTAKER (ADDRESS): E. J. Robertson, Laredo, Mo.

20. FILED Feb 24 1938 Elva Cookshank, Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 15, 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug, 1937, to Feb 15, 1938

I last saw him alive on Sept 12, 1937. Death is said to have occurred on the date stated above, at 9 a.m.

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

| | Date of onset |
|---|---|
| Chronic Myocarditis & degenerations | 1930 |
| 9 3 C | |

Other contributory causes of importance: Senility

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

What test confirmed diagnosis? ..... 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) T. R. McArtor, M. D.

(Address) Browning Mo.

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