REC'D OCT 18 1938

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

31673
Do not use this space.

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4

1. PLACE OF DEATH
(a) County Boone — Registration District No. 73
(b) Township — Primary Registration District No. 3006 — Registered No. 212
(c) City Columbia — (d) Street No. Noyes Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME James Barton Fenley 540
(a) Residence, No. Fulton, Missouri St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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~~ Margret Fenley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 15, 1882

7. AGE — YEARS: 55 — MONTHS: 11 — DAYS: 3 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Merchant
9. Industry or business in which work was done, as 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) MISSOURI 0

FATHER
13. NAME John B Fenley 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MISSOURI 0

MOTHER
15. MAIDEN NAME Minnie Miller
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MISSOURI

17. INFORMANT (ADDRESS) Mrs J. B. Fenley Fulton, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Hill Crest Cem. DATE 9/20 1938

19. FUNERAL DIRECTOR (ADDRESS) Leo Wallace Fulton, Missouri

20. FILED 9/19/ 1938 Allie Selby Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 18 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 3, 1938, to Sept 18, 1938
I last saw him alive on Sept 18, 1938 Death is said to have occurred on the date stated above, at 4 p.m.
The principal cause of death and related causes of importance were as follows:

Diabetes Mellitus — Date of onset

59

Other contributory causes of importance: Infection, rt. ankle & rt. forearm and chronic myocarditis

Name of operation Incision & drainage Date of 9-3-38
What test confirmed diagnosis? Blood Sugar 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

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) Wm J. Stewart, M. D.
74 (Address) Columbia, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.

STATEMENT BY LICENSED EMBALMER

I, Lyman H. Sprinkle, Licensed Embalmer No. 4013

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Arterial + Cavity

L. E.

No. ..... or by ....., Registered Apprentice No. .....

working under my personal supervision.

Signed Lyman H. Sprinkle

Licensed Embalmer No. 4013

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)