REG'D FEB 21 1939

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

Do not use this space.

File No. 1990

Registered No. 4

1. PLACE OF DEATH

County: Clark

Township: Madison

City: ~~Kahoka Mo.~~ (No. ..... St. ..... Ward)

Registration District No. 190

Primary Registration District No. 5269

2. FULL NAME: John Henry Fehlharber

(a) Residence, No. Clerk to Home 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: male

4. COLOR OR RACE: white

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov. 11 1861

7. AGE: Years 77 | Months 1 | Days 29 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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): Athens Mo.

FATHER

13. NAME: J. H. Fehlharber

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER

15. MAIDEN NAME: Harriet Riley

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Pa.

17. INFORMANT (ADDRESS): T.C. Fehlharber Kahoka Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Peaksville Ce. DATE: Jan. 12 1939

19. UNDERTAKER (ADDRESS): Guttings Und. Kahoka Mo.

20. FILED: 1/12 1939 J. R. Bridges Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Jan 10 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 1939 to Jan 10 1939, I last saw h..... alive on Jan 10 1939. Death is said to have occurred on the date stated above, at 12 — m.

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

Chronic Nephritis — Date of onset

Other contributory causes of importance:

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?

If so, specify

(Signed) J. R. Bridges, M. D.

(Address) Kahoka 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

RECEIVED
District Health Officer No. 10
District File Number 10-39-50
Date Filed FEB 14 1939