

APR 25 1939

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

9829
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
 (b) Township Raw Primary Registration District No. 1002 Registered No. 50
 (c) City K.C. Mo. (d) Street No. Trinity Lutheran Hosp 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

(a) Residence, No. 252 Perry Thomas Feagans
4017 E. 69 St. K.C. Mo. St. (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) infant

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
0 0 0 0

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which 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) K.C. Mo.

FATHER
 13. NAME Perry S. Feagans
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pittsburg, Mo.

MOTHER
 15. MAIDEN NAME Opal M. Crayne
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clinton, Mo.

17. INFORMANT (ADDRESS) Perry S. Feagans, 4017 E. 69 St. City

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill DATE 4-8-39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Stine & McClure, Kansas City, Missouri

20. FILED Apr 9 1939 M.M. Crayne Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 7, 1939

22. I HEREBY CERTIFY, That I attended deceased from April 7, 1939, to April 7, 1939. I last saw him alive on April 7, 1939. Death is said to have occurred on the date stated above, at 1:00 a.m.

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

Breech Delivery.
Attended head with Birth Trauma.

Other contributory causes of importance:

Name of operation None Date of —
 What test confirmed diagnosis? Exam Was there an autopsy? Yes

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) Eugene H. Ferguson, M. D.
 (Address) 933 Prof Bldg

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 hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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

If this body is not embalmed, above space should be left blank.