

REC'D JUL 11 1939

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

22528
Do not use this space.

1. PLACE OF DEATH

(a) County LAWRENCE Registration District No. 470
(b) Township Map 1111111111 Primary Registration District No. 5633
(c) City Mt. Vernon (d) Street No. Missouri State Sanatorium 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. 10 mos. 23 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Edward Felgate

(a) Residence, No. Higginsville, Mo St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

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 Ruth B. Felgate

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 16, 1888

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
51 1 25

OCCUPATION 8. Trade, profession, or particular kind of work done, as a sawyer, bookkeeper, etc. Editor
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) Oct. 1936 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) London /
(STATE OR COUNTRY) England

FATHER 13. NAME Robert Joseph Felgate /

14. BIRTHPLACE (CITY OR TOWN) England /
(STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Florence Louise Ash

15. BIRTHPLACE (CITY OR TOWN) England
(STATE OR COUNTRY)

17. INFORMANT E. McMichael, Record, Clerk,
(ADDRESS) Missouri State Sanatorium

18. BURIAL, CREMATION, OR REMOVAL PLACE Higginsville, Mo. DATE June 17, 1939

19. FUNERAL DIRECTOR (NAME) C. E. Helweg
(ADDRESS) Higginsville, Mo.

20. FILED June 10, 1939 P. A. Holmes
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from July 18, 1938 to June 10, 1939

I last saw him alive on June 10, 1939. Death is said to have occurred on the date stated above, at 11:55 A.M.

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

Pulmonary tuberculosis

Date of onset
August 1936

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) C. E. Helweg _____, M. D.

(Address) Mt. Vernon, Mo.

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

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.

RECEIVED

District Health Officer No. 6,

District Number 739-1367

Date Filed JUL 6 1939

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.