FILED JUN 20 1940

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

18561
Do not use this space.

1. PLACE OF DEATH
(a) County: Holt
(b) Township or (c) City: Liberty
Registration District No.: 372
Primary Registration District No.: 5729
Registered No.: 1039
(d) Street No.: 2 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: Matilda Ann Feil
(a) Residence, No.: 407 St. Holt Co Mo R.R. 1
(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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug 25th 1860

7. AGE: Years 79 | Months 7 | Days 6 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: housewife
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): near Brownville, Nebr.

FATHER
13. NAME: Charles Feil
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER
15. MAIDEN NAME: Catherine Tietens
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

17. INFORMANT (ADDRESS): George Feil, Mound City Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: New Liberty DATE: 4/3/40, 19

19. FUNERAL DIRECTOR (NAME) (ADDRESS): M Cauchum, Mound City Mo.

20. FILED: 4/3/40, 19 Jas Chinn, Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): March 31, 1940

22. I HEREBY CERTIFY, That I attended deceased from Nov 16, 1939, to March 31, 1940
I last saw her alive on March 28, 1940. Death is said to have occurred on the date stated above, at 4 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
carcinoma pylorus and stomach	

Other contributory causes of importance: 4 b

Name of operation: None Date of
What test confirmed diagnosis: Clinical 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) F E Hogan, M. D.
(Address) 333 Mound City

(Licensed Embalmer's Statement on Reverse Side)

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.

I X16503

RECEIVED
District Health Officer No. 11,
District File Number 640-921
Date Filed JUN 13 1940

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 W. T. Crawford,

Licensed Embalmer No. 1824

P. O. Address Maryville Mo

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.