

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

Do not use this space.

40347-a

1. PLACE OF DEATH

County Henry
Township.....
City Clinton (No.....) St. Ward)

Registration District No. 347
Primary Registration District No. 3018

File No.....
Registered No. 1

2. FULL NAME

Harry S. Feldott

(a) Residence. No. South end St. Ward.
(Usual place of abode) (If nonresident give city or town and State)

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 M 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 Flossie Feldott

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 12 1860

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
68 8 17

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Railroad
(b) General nature of industry, business, or establishment in which employed (or employer) WORK
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont know

PARENTS

10. NAME OF FATHER Herman Feldott

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Germany

12. MAIDEN NAME OF MOTHER Dont know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Germany

14. INFORMANT Mrs Harry Feldott
(Address) Clinton Mo

15. FILED Jan. 1 1928 Dr. E. C. Peeler REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 29th 1928

17. I HEREBY CERTIFY, That I attended deceased from Dec 14th 1928, to Dec 29th 1928, that I last saw him alive on Dec 29th 1928, and that death occurred, on the date stated above, at 3 P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Peritonitis
51A
12.9

CONTRIBUTORY (SECONDARY) Cancer Bladder
(duration) 1 yrs. 1 mo. 1 ds.
2 yrs. 2 mo. 2 ds.

18. WHERE WAS DISEASE CONTRACTED 499
AT PLACE OF DEATH?.....

DID AN OPERATION PRECEDE DEATH? 1 DATE OF March 1928

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Physical
(Signed) Robert D. Haur, M. D.
, 19 (Address) Clinton Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Englewood Cem DATE OF BURIAL 12/31 1928

20. UNDERTAKER Skouardon ADDRESS Clinton

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. 1928

