

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

Do not use this space.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1. PLACE OF DEATH  
 County Henry Registration District No. 347  
 Township Clinton Primary Registration District No. 5488  
 City Clinton (No. 3018) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Marjorie Lee Feaster  
 (a) Residence. No. RR # 4 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.

File No. 40414  
 Registered No. 149  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX F 4. COLOR OR RACE W 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) May 17 1906

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
23 7 2

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

9. BIRTHPLACE (CITY OR TOWN) Windsor  
 (STATE OR COUNTRY) Mo

10. NAME OF FATHER Lee Feaster

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

12. MAIDEN NAME OF MOTHER Helen Ferguson

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

14. INFORMANT Lee Feaster  
 (Address) Clinton Mo

15. FILED 12/19 1929 RR # 4 Dr. E. C. Paul  
Mo. S., REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

3  
 16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 19 1929

17. I HEREBY CERTIFY, That I attended deceased from Dec 11, 1929, to Dec 19, 1929 that I last saw him alive on Dec 14, 1929, and that death occurred, on the date stated above, at 8 2 m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Hemorrhage from 117A  
gastroenteritis 119C  
412B  
 (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 12 ds.

CONTRIBUTORY (SECONDARY) Perhaps a malignant condition  
 (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

18. WHERE WAS DISEASE CONTRACTED? Henry county Mo  
 IS NOT AT PLACE OF DEATH.  
 DID AN OPERATION PRECEDE DEATH? No. DATE OF \_\_\_\_\_  
 WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Chemical  
 (Signed) M. S. Stebbins, 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 Windsor Mo DATE OF BURIAL 12/20 1929

20. UNDERTAKER S. Rose & Son ADDRESS Clinton Mo

10/12/73

