

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

Do not use this space.

13938

**1. PLACE OF DEATH**

County Henry Registration District No. 355  
 Township Davis Primary Registration District No. 5497  
 City R.F.D. (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. 4

**2. FULL NAME** Lena Fellhauer

(a) Residence, No. \_\_\_\_\_ 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 Female 4. COLOR OR RACE Caucasian 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11-11-1851

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.  
79 5 12

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, 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) Pennsylvania

13. NAME John Mallet

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT John Joseph Fellhauer  
 (ADDRESS) Clinton, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Bear Creek DATE 4-25-1931

19. UNDERTAKER W.H. SIMS  
 (ADDRESS) CLINTON, MISSOURI

20. FILED 5-10, 1931 WEBagberry Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-23, 1931

22. I HEREBY CERTIFY, That I attended deceased from 4-1, 1931, to 4-23, 1931

I last saw him alive on 4-20, 1931. Death is said to have occurred on the date stated above, at 4 P.m.

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

Bronchial pneumonia  
fractured hip  
 Other contributory causes of importance:  
fractured hip

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ 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 \_\_\_\_\_

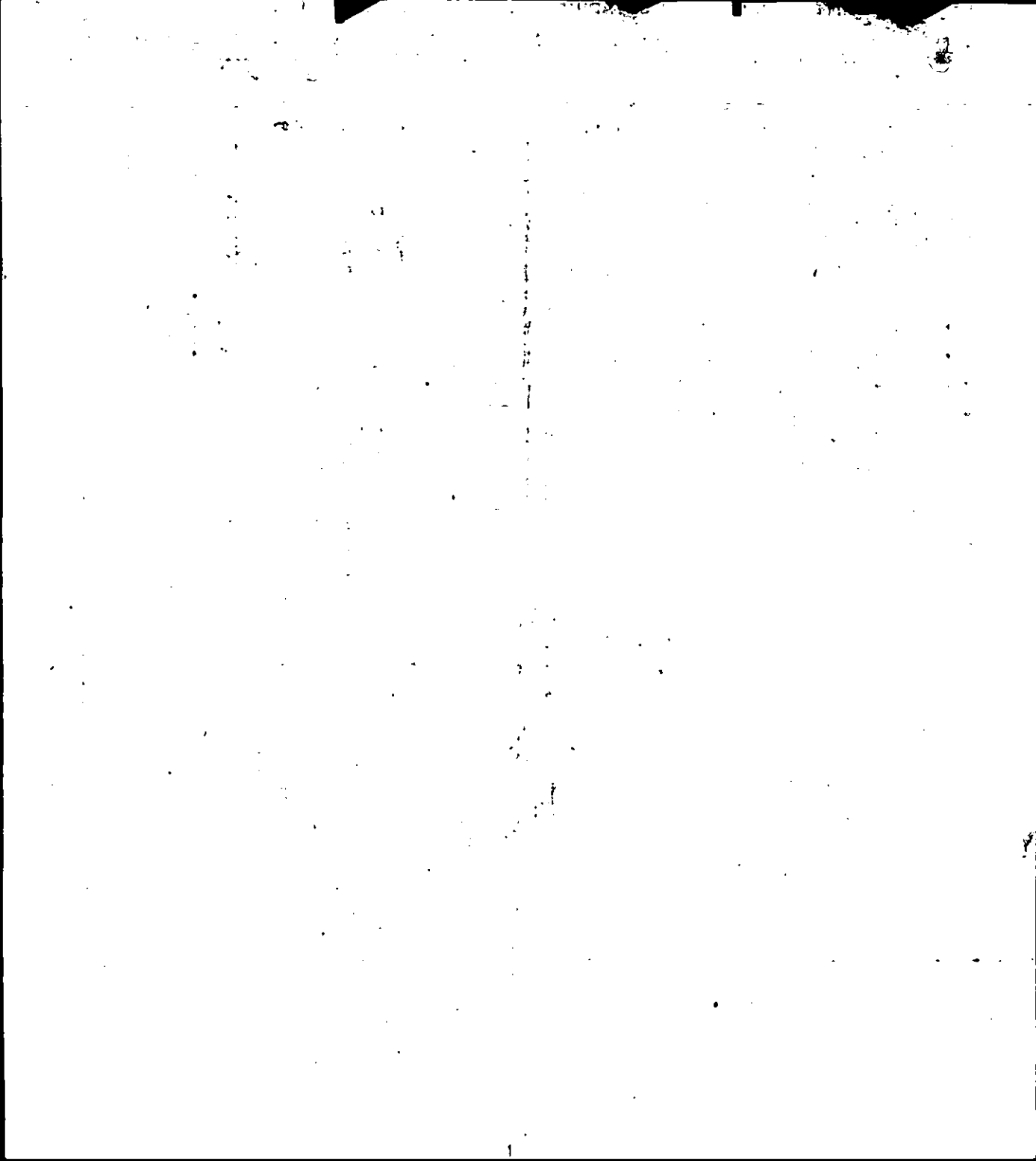
24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
 If so, specify \_\_\_\_\_

(Signed) L. Walker, M. D.  
 (Address) Clinton Mo

COPY PLAINLY, WITH LEADING 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.

MAY 23 1931



requested to make every effort to obtain the information indicated by check marks, lacking from the death certificate:

Name: Lena Felthauer

Who died at: Henry county on Apr. 23, 1931,

Residence: No. \_\_\_\_\_ St. \_\_\_\_\_

Length of residence in city or town where death occurred: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_ (If nonresident, city or town)

Sex: \_\_\_\_\_ Color or race: \_\_\_\_\_ Single, married, widowed or divorced: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Age: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_

Occupation: (a) Trade \_\_\_\_\_ (b) Industry: \_\_\_\_\_

Birthplace (State or country) \_\_\_\_\_

Birthplace of father (State or country) 1860

Birthplace of mother (State or country) \_\_\_\_\_

CAUSE OF DEATH: Bronchial Pneumonia

Contributory: Influenza and fractured hip, from fall on floor.

Where was disease contracted? at home,

Did operation precede death? \_\_\_\_\_ Date of \_\_\_\_\_

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