

SEP 12 1934. MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

29058

1. PLACE OF DEATH

County Henry Registration District No. 352  
Township Beaumont Primary Registration District No. 5494  
City (No. \_\_\_\_\_) \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 10 St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

James James Feldt St. \_\_\_\_\_ Ward \_\_\_\_\_

(a) Residence No. \_\_\_\_\_  
(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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mrs. Harenfeldt</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 24 1861</u>				
7. AGE	YEARS <u>73</u>	MONTHS <u>2</u>	DAYS <u>8</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>			
	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) <u>Warren Co. W. Virginia</u>				
MOTHER	13. NAME <u>Wm. Samuel Harenfeldt</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>			
	15. MAIDEN NAME <u>Amy Catherine</u>			
FATHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>			
	17. INFORMANT <u>Mrs. Harenfeldt</u>			
	18. BURIAL, CREMATION, OR REMOVAL			
PLACE	<u>Meriden</u>	DATE	<u>8/8</u>	19 <u>34</u>
19. UNDERTAKER (ADDRESS) <u>F. Lemmery Meriden</u>				
20. FILED <u>Aug 7 1934</u> <u>J. M. Miller</u> Registrar.				

4 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 6, 1934

22. I HEREBY CERTIFY, That I attended deceased from May, 1934, to August 6, 1934  
I last saw him alive on August, 1934 Death is said to have occurred on the date stated above, at 8:30 p. m.  
The principal cause of death and related causes of importance were as follows:  
59 Diabetic gangrene of foot Date of onset June 1934  
39  
Other contributory causes of importance: Diabetes mellitus 1934  
arterio-sclerosis 1930  
Name of operation amputation of M. longus Date of July 19/34  
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) S. B. Hughes, M. D.  
(Address) Clinton, 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.

