

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.

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

Do not use this space.

DEC 18 1936

1. PLACE OF DEATH

County Henry Registration District No. 347
 Township Primary Registration District No. 3278
 City Clinton (No.) St. Ward)

File No. 41046
 Registered No.

2. FULL NAME

Daniel J. Fellhauer
 (a) Residence, No. 606 E. Jeff. 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) Widowed

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

5. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 14 1854

7. AGE YEARS 82 MONTHS 8 DAYS 19 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer
 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) Highland Ill

13. NAME Ferdinand Fellhauer

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

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Mrs Emma Todd Clinton Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Beaver Creek cem DATE 11/5 1936

19. UNDERTAKER (ADDRESS) Consolio + Peck Clinton Mo

20. FILED 11-14 1936 J. B. Hampton Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 3 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 1 1936 to Nov 3 1936

I last saw him alive on Nov 2 1936 Death is said to have occurred on the date stated above, at 11 P. M.

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

Apoplexy Date of onset 11/3/36

Other contributory causes of importance: Enlarged Prostate
Cardiac renal disease
Arterio Sclerosis

Name of operation none 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 11/3
 Nature of injury 11/3

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify

(Signed) S. W. Wolfer M. D.
 (Address) Clinton Mo

