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

Do not use this space.

30305

File No.

Registered No. 52

1. PLACE OF DEATH

County Moniteau

Township Washington

City California (No. , St., Ward)

Registration District No. 071

Primary Registration District No. 4335

2. FULL NAME Mrs Josephine Feglealy

(a) Residence. No. (Usual place of abode) St., Ward. (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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	Widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 6-11-1871

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	3	2	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Freeburg, Ill.
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Adam Leuthner

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

12. MAIDEN NAME OF MOTHER Do Not Know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Do Not Know

14. INFORMANT Wm. Feglealy
(Address) California Mo

15. FILED 9-14, 1933 H. P. DePriest REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 13 1933

17. I HEREBY CERTIFY, That I attended deceased from , 193 , to Sept 13, 1933
that I last saw her alive on Sept 12, 1933 and that death occurred, on the date stated above, at 9 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Valvular heart disease

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Chronic bronchitis

(duration) yrs. 2 mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no.

WHAT TEST CONFIRMED DIAGNOSIS? Physical Examination

(Signed) L. L. Latham, M. D

9-13, 1933 (Address) California 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	DATE OF BURIAL
Brown Hill	Sept 14 1933
20. UNDERTAKER	ADDRESS
J. Workman & Son	California

OCT 20 1933

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD