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

Do not use this space.

7775

1. PLACE OF DEATH

County St. Francois — Registration District No. 773

Township St. Francois — Primary Registration District No. 618A

City Near Farmington (No. ..... St. ..... Ward)

File No. .....

Registered No. 37

2. FULL NAME J. D. Ferguson

(a) Residence. No. Bonne Terre Mo 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Male	white	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 16 1857

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	78	1	3	

8. OCCUPATION OF DECEASED

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

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) De Soto
(STATE OR COUNTRY) Mo

PARENTS

10. NAME OF FATHER Auston Ferguson

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

12. MAIDEN NAME OF MOTHER Eliz Gouch

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

14. INFORMANT Hospital Records
(Address) Farmington, Mo

15. FILED 2-20 1929 B. J. Robinson
REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from Jan 16, 1929, to Feb 19, 1929 that I last saw h. alive on Feb 19 1929, and that death occurred, on the date stated above, at 5-15 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Streptococci Septicemia resulting from Carbuncle of Neck
1519
36 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 1520 (duration) yrs. 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? clinical

(Signed) P. S. Tea, M. D

2-21, 1929 (Address) Hosp. # 4 Farmington 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 Bonne Terre Mo — DATE OF BURIAL 2-21 1929

20. UNDERTAKER P. A. Benham — ADDRESS Bonne Terre Mo

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.

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