MAY 27 1929

57

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

Do not use this space.

15259

1. PLACE OF DEATH
County Lincoln — Registration District No. 486 — File No.
Township Hurricane — Primary Registration District No. 5649 — Registered No. 13
City E. (No. ..... St. ..... Ward)

2. FULL NAME W. Wm Ferry - William Ferry
(a) Residence. No. ..... St., ... Ward. ..... (If nonresident give city or town and State)
(Usual place of abode)
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 W.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 10 - 1851
7. AGE Years 77 Months 18 Days 25 If LESS than 1 day, ... hrs. or ..... min.
8. OCCUPATION OF DECEASED Farmer
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer
9. BIRTHPLACE (CITY OR TOWN) Lincoln Co
(STATE OR COUNTRY) Mo

PARENTS
10. NAME OF FATHER Charles Ferry
11. BIRTHPLACE OF FATHER (CITY OR TOWN) St Charles
(STATE OR COUNTRY) Mo
12. MAIDEN NAME OF MOTHER Argella Watts
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Tenn.
(STATE OR COUNTRY)

14. INFORMANT Mrs Jennie Ferry
(Address) Elsberry Mo

15. FILED 5-10, 1929 C. E. Powell
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr. 4 1929
17. I HEREBY CERTIFY, That I attended deceased from Mch 13 1929, to Apr. 5 1929, that I last saw him alive on Apr. 4, 1929, and that death occurred, on the date stated above, at 10 m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma of Stomach
463 (duration) yrs. 8 mos. ds.
CONTRIBUTORY (SECONDARY) 44A (duration) yrs. mos. ds.
18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) A. M. Taylor, M. D
, 19 (Address) Elsberry, 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 Watts Cemetery — DATE OF BURIAL 4/6 1929
20. UNDERTAKER W. D. Bradley — ADDRESS Elsberry

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.