JUL 27 1929

82

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

Do not use this space.

19050

1. PLACE OF DEATH
County Pike
Township Calumet
City ..... (No. ..... St. ..... Ward)

Registration District No. 685
Primary Registration District No. 59098

File No. 20
Registered No. 20

2. FULL NAME Kate Ferris

(a) Residence. No. ..... 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: female
4. COLOR OR RACE: Black
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Don't Know

7. AGE: YEARS 54 | MONTHS | DAYS | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work House Keeper
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Paynesville Mo
(STATE OR COUNTRY)

10. NAME OF FATHER Watt Dameron

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

12. MAIDEN NAME OF MOTHER Harriet Hammers

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

14. INFORMANT Wm Ferris
(Address) Paynesville - Mo

15. FILED 5/17, 1929 ~~B. M. Gooch~~ W. W. Triadway REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 15 1929

17. I HEREBY CERTIFY, That I attended deceased from May 9, 1929, to May 15, 1929, that I last saw her alive on May 14, 1929, and that death occurred, on the date stated above, at 3:50 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Auto intoxication
126B
69B
(duration) yrs. mos. 5 ds.

CONTRIBUTORY (SECONDARY) Colon infantum
(duration) yrs. mos. 2 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 diagnosis
(Signed) C. H. Bankhead M. D
5/16, 1929 (Address) Paynesville 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: Ramsey Cemetery
DATE OF BURIAL: May 17 1929

20. UNDERTAKER: Gooch Buchanan
ADDRESS: Eolia 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.