

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

Do not use this space.

11798

1. PLACE OF DEATH

County Buchanan Registration District No. 85

Township St. Joseph Primary Registration District No. 1001

City St. Joseph (No. Murray Hospital) St. _____ Ward _____

2. FULL NAME

(a) Residence. No. _____ St. _____ Ward Cameron Mo
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 8 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male **4. COLOR OR RACE** Wh **5. SINGLE, MARRIED, WIDOWED OR DIVORCED** widowed (write the word)

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 19-1859

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
70 8 4

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) Retired 54 yrs
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cameron of Canada

10. NAME OF FATHER Mr. Ferguson

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

12. MAIDEN NAME OF MOTHER Ann Hindle

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

14. INFORMANT Asst Ferguson
(Address) Cameron Mo

15. FILED 19 John L. [Signature] REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4/23 19 30

17. I HEREBY CERTIFY, That I attended deceased from 4/15, 1930, to 4/23, 1930 that I last saw him alive on 4/23, 1930 and that death occurred, on the date stated above, at 10.05 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Septicemia
1868
1947
36 (duration) yrs. mos. 10 ds.

CONTRIBUTORY (SECONDARY) Abrasions on leg
(Fall out of Bed Scratch on Bed Springs)
(duration) yrs. mos. 26 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH Cameron Mo

IF AN OPERATION PRECEDE DEATH no DATE OF _____
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Physical findings
(Signed) T. O. Pridemore, M.D.

4/23, 1930 (Address) St. Joseph Mo

*State the DISEASE CAUSING DEATH, or in death from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Redgville, Mo **DATE OF BURIAL** 4/24 1930

20. UNDERTAKER J. E. Strubley **ADDRESS** 216 So

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.

1930
MAY 2 1930
APR 24 1930

