

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

Do not use this space.

20160

**1. PLACE OF DEATH**

County Newton  
Township Newtonia  
City (No. \_\_\_\_\_) \_\_\_\_\_

Registration District No. 114  
Primary Registration District No. 5811

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

James Clifford Furgerson  
(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 Male 4. COLOR OR RACE white 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) Aug 25, 1915

7. AGE YEARS MONTHS DAY IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
14 9 8

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Farming  
(b) General nature of industry, business, or establishment in which employed (or employer) School Boy  
(c) Name of employer \_\_\_\_\_

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

10. NAME OF FATHER J. H. Furgerson

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

12. MAIDEN NAME OF MOTHER Jessie York

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

14. INFORMANT J. H. Furgerson  
(Address) Ritchey Mo.

15. FILED 6-2-1930 M. F. Rubin  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 2 1930

17. I HEREBY CERTIFY, That I attended deceased from May 31, 1930, to June 2, 1930, that I last saw him alive on June 1, 1930, and that death occurred, on the date stated above, at 6 P m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Heart Entry Cellitis

1208

CONTRIBUTORY (SECONDARY)

114B (duration) yrs. mos. 3 ds.  
(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) L. E. Reeves M. D.

, 19 (Address) Granby 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 Newtonia Mo. DATE OF BURIAL June 3, 1930

20. UNDERTAKER J. Nutman ADDRESS Granby 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.

JUL 23 1930

