

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

Do not use this space.

38586

85

PLACE OF DEATH

County Buchanan

Registration District No. 1001

Township St. Joseph,

Primary Registration District No. 1610 Sacramento

City St. Joseph, (No. 1610 Sacramento)

File No. 1323

Registered No. 1323

St. St. Ward Ward

2. FULL NAME Chester A. Ferry,

(a) Residence No. 1610 Sacramento

St. St. Ward Ward

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 40 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)

Married,

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

Emma L. Ferry,

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 2nd. 1863

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, hrs. or min.

67

0

82

8. OCCUPATION OF DECEASED

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

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Muscatine,

(STATE OR COUNTRY) Iowa,

10. NAME OF FATHER Edward L. Ferry,

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

12. MAIDEN NAME OF MOTHER Angeline Russell,

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

14. INFORMANT Mrs. C. A. Ferry
(Address) 1610 Sacramento Street,

15. FILED John L. Utz
19 DEC 12 1930 REGISTRAR

1 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 10 19 30

17. I HEREBY CERTIFY, That I attended deceased from Dec 7 19 30 to Dec 10 19 30 that I last saw him alive on Dec 10 19 30 and that death occurred, on the date stated above, at 12:00 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pernicious Anemia

7 1/2 yrs (duration) 1 yrs. 0 mos. 0 ds.

CONTRIBUTORY SECONDARY None (duration) 0 yrs. 0 mos. 0 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

0 DID AN OPERATION PRECEDE DEATH? No DATE OF -

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

Signed Walter H. Hargrett, M. D.
12/11, 19 30 (Address) 2802 1/2 E. 13th St.

*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 Mount Mora Cemetery, DATE OF BURIAL Dec. 13, 19 30.

20. UNDERTAKER Heaton - Beyle & Bauman ADDRESS 319 S. 10 St.

James L. Stone

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.

JAN 19 1931

DEC 12 1930

