

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

Do not use this space.

21940

1. PLACE OF DEATH

County Boone Registration District No. 73
 Township Columbia Primary Registration District No. 5112
 City Columbia (No.) St. Ward

File No.

Registered No. 152

2. FULL NAME

Walter Russell Ferguson

(a) Residence, No. Route 6 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 Single

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 5 1916

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
15 11 12

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer 2

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boone Co Mo

13. NAME L. A. Ferguson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Chicago Ill

15. MAIDEN NAME Daisy Reese Schwake

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boone Co, Mo

17. INFORMANT (ADDRESS) L. A. Ferguson Columbia, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Columbia DATE July 18 1932

19. UNDERTAKER (ADDRESS) R. A. Willeth Columbia, Mo

20. FILED 7/17 1932 Allie Helby Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 17 1932

22. I HEREBY CERTIFY, That I attended deceased from June 25 1932 to June 28 1932
 I last saw him alive on June 28 1932 Death is said to have occurred on the date stated above, at 12:40 p.m.

The principal cause of death and related causes of importance were as follows:

Subacute bacterial endocarditis - 10 years
91A

Other contributory causes of importance:

3. Name of operation Blood Culture date of June 28
 What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury , 19
 Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Daisy Stuebel, M. D.
 (Address)

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.

AUG 22 1932

OCCUPATION FATHER MOTHER

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3
8

1920

REPORT OF THE COMMISSIONER OF THE GENERAL LAND OFFICE

and others;

THE STATE

1920