

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

Do not use this space.

21717

1. PLACE OF DEATH

County..... Registration District No. 797
Township..... Primary Registration District No. 10
City St. Louis Mo. (No. Allesian Bro. Hosp.)

File No.
Registered No. 5517
St. Ward)

2. FULL NAME

Harold H. Ferguson
(a) Residence, No. 4455 So. 38th St., 15 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 23 - 1933

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

22. I HEREBY CERTIFY that I attended deceased from June 16, 1933, to June 22, 1933
last saw him alive on June 22, 1933. Death is said to have occurred on the date stated above, at 3:10 p.m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 29 - 1916

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
17 ✓ 24

Other contributory causes of importance:

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cleveland
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. School
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

Appendicitis (Suppurative)
Perforated
121A 121
Date of onset

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.

8 Name of operation Date of

13. NAME Myson Ferguson

What test confirmed diagnosis? Was there an autopsy?

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Ella Uhlinger

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.

17. INFORMANT Carleton Uhlinger
(ADDRESS) 4455 So. 38th St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Missouri Cemetery DATE June 26, 1933

19. UNDERTAKER Ziegenbein Bldg.
(ADDRESS) 2650 E. Cherokee St.

20. FILED 9.4. Brebeck
Registrar.

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) H. W. Devermann, M. D.
(Address) 308 Chaffee St.

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.

WHITE COPY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

