

K-8.—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 26 1934
35-74

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

Do not use this space.

39660

1. PLACE OF DEATH
 County Dunklin Registration District No. 288
 Township Lecky Primary Registration District No. 4172
 City Henrietta (No.) St. Ward

2. FULL NAME Jack Ferrell
 (a) Residence, No. Demmet RR St. Ward

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Meta Ferrell</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 8 - 1904</u>		
7. AGE	YEARS <u>29</u>	MONTHS <u>2</u>
	DAYS <u>1</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Fanner</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	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) <u>mo</u>		
MOTHER	13. NAME <u>J. F. Ferrell</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Lecky</u>	
	15. MAIDEN NAME <u>Mollie Witham</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>mo</u>	
17. INFORMANT <u>D. Ferrell</u> (ADDRESS) <u>Demmet RR</u>		
18. BURIAL, CREMATION OR REMOVAL PLACE <u>Opdyke Ridge</u> DATE <u>12/10</u> 19 <u>33</u>		
19. UNDERTAKER <u>Lecky Funeral Co</u> (ADDRESS) <u>Demmet RR</u>		
20. FILED <u>12-18</u> 19 <u>33</u> <u>W. H. Lewis</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 8 6:10 P.M. 1933

22. I HEREBY CERTIFY, That I attended deceased from unattended by doctor 19... to 19...
 I last saw him alive on 19... Death is said to have occurred on the date stated above, at 6:10 P.M.
 The principal cause of death and related causes of importance were as follows:
accidentally falling out of his wagon bed run over by one of the wheels crushing his skull
 Other contributory causes of importance
2126
2126
 Name of operation Date of
 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) D. J. Ragdon Cor M. D.
 (Address) Demmet mo.

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

