

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

Do not use this space.

39977

JAN 26 1934

PLACE OF DEATH

City Jackson Registration District No. 36
 Township Kear Primary Registration District No. 7
 City Idemias City (No. 5010 East 7th St)

File No. _____
 Registered No. 4773
 St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 5010 E 7th 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 F. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 11, 1856

7. AGE YEARS 77 MONTHS 8 DAYS 23 If LESS than 1 day, _____ hrs. or _____ min.

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

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) Mo

13. NAME James K. Ferrell Sr.

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

15. MAIDEN NAME Elizabeth Baker

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky

17. INFORMANT J. W. Willis (ADDRESS) 7 Tulsa Okla.

18. BURIAL, CREMATION, OR REMOVAL PLACE Landen Court DATE Dec 6 1933

19. UNDERTAKER C. H. Blackman & Son (ADDRESS) 2825 Indy Blvd.

20. FILED 1275 1933 M. M. Corone Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 4 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 11 1933 to Dec 4 1933

I last saw her alive on Dec 4 1933 Death is said to have occurred on the date stated above, at 6 P.M.

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

Carcinoma of Rectum Date of onset 7/6

122 P

69 P

Other contributory causes of importance:

Bowel obstruction with 10 days

Toxemia

Name of operation None Date of _____
 What test confirmed diagnosis? Physical Was there an autopsy? No.

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? X Date of injury _____, 19____

Where did injury occur? X (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? No.
 If so, specify _____

(Signed) Sydney Johnson 1933
 (Address) 500 Bryant Bldg

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

