JAN 26 1934

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

Do not use this space.

41336

1. PLACE OF DEATH

County St. Louis — Registration District No. 1123 — File No.

Township Carondelet — Primary Registration District No. 6248 B — Registered No. 385

City Koch — (No. Koch Hosp. St. Ward)

2. FULL NAME EDITH FERGUSON

(a) Residence, No. 1451 Cleary St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. 3 mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married--Sep.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov. 5, 1904

7. AGE: YEARS 29 — MONTHS 1 — DAYS 9 — If LESS than 1 day, ...hrs. or ...min.

OCCUPATION

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

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): March 1932

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Arkansas

FATHER

13. NAME: ~~XXXXXX~~ ~~Clark~~ Wm. Fowler

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): ~~Ar~~ Iowa

MOTHER

15. MAIDEN NAME: Arvilla Clark

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Indiana

17. INFORMANT (ADDRESS): Koch Hospital records Koch, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE St Mathews DATE Dec 20 1933

19. UNDERTAKER (ADDRESS): Umbuster Mnd Co 4234 Manchester Ave

20. FILED Dec 18 1933 B. F. Tate M.D. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec 14, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1933 to Dec. 14, 33, 19

I last saw her alive on Dec. 14, 33, 19 Death is said to have occurred on the date stated above, at 3:20p m.

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

| | Date of onset |
|---|---|
| Pulmonary tuberculosis (Chronic) | March 1932 |
| 13 A | |
| 36 | |
| 22 | |
| Other contributory causes of importance: Acute colitis - pyogenic | 11-15-33 |

Name of operation ... Date of ...

What test confirmed diagnosis? X-ray and sputum Was there an autopsy? Yes

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) Joseph T. Maher, M. D.

(Address) Koch Hospital Koch Mo

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.

...WITH UNFADING INK—THIS IS A PERMANENT RECORD

Dr Scott Prof Sagel