OCT 19 1937

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

Do not use this space.

31

1. PLACE OF DEATH

County: Daviess — Registration District No. 249 — File No. 34077

Township: Washington — Primary Registration District No. 5347 — Registered No.

City ..... (No. ..... 2 ..... St. ..... Ward)

2. FULL NAME William Berry Ferguson

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

Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 20, 1880

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
56	9	20	

OCCUPATION

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

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

10. Date deceased last worked at this occupation (month and year) Sept. 1937 — 11. Total time (years) spent in this occupation Life

2

12. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) Iowa

FATHER

13. NAME Newton Jasper Ferguson

31

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

MOTHER

15. MAIDEN NAME Louisa Darland

31

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

17. INFORMANT Mrs. Lena Ferguson (ADDRESS) Jameson, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Scotland Cemetery DATE Sept. 12, 37

19. UNDERTAKER Hope Furn. & Undertaking Co (ADDRESS) Gallatin, Mo.

20. FILED Sept 13, 1937 Mrs A. A. Cunningham Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 10, 1937

22. I HEREBY CERTIFY, That I ~~attended~~ VIEWED deceased ~~from~~ ON Sept. 10, 1937, to ....., 19..... I last saw him alive on DEAD Sept. 10, 1937. Death is said to have occurred on the date stated above, at ABOUT 5 a. m.

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

	Date of onset
Gun Shot Wound (Self Inflicted)	9/10/37

Other contributory causes of importance:

167

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no.

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury 9-10, 1937

Where did injury occur? Washington Twp, Daviess Co, Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. On his own Farm

Manner of injury Used 22 Cal. Rifle

Nature of injury Gun Shot in forhead

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify .....

(Signed) T. Frank Hedges, Coroner, M. D.

(Address) Pattonsburg, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.