

REC'D AUG 9 1938

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

26624
Do not use this space.

1. PLACE OF DEATH

(a) County Seath 1 Registration District No. 921
(b) Township Sikeston Primary Registration District No. 4553 Registered No. _____
(c) City Sikeston (d) Street No. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Ellen Louise Ferguson 652
(a) Residence, No. _____ St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6-16-38

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

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

9. Industry or business in which work was done, as 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) Sikeston Mo.

13. NAME Jake Ferguson

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

15. MAIDEN NAME Glouven Clark

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

17. INFORMANT (ADDRESS) Jake Ferguson Sikeston Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE McMullin DATE 6-18-38

19. FUNERAL DIRECTOR (ADDRESS) Albion Under Sikeston Mo.

20. FILED 8-8-38 West Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-17 1938

22. I HEREBY CERTIFY, That I attended deceased from 6-16, 1938, to 6-17, 1938

I last saw her alive on 6-16, 1938. Death is said to have occurred on the date stated above, at 11:00 A. M.

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

Callapae of lungs.

Date of onset

Other contributory causes of importance:

Name of operation no Date of no

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

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 Shoes G. M. Clure, M. D.

(Address) Sikeston Mo.

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.....
hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....
..... L. E.....
No.....or by....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)