

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.

RECD OCT 26 1938

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

33434  
 Do not use this space.

1. PLACE OF DEATH 2  
 (a) County Scott Registration District No. 821  
 (b) Township Sikeston Primary Registration District No. 4553  
 (c) City Sikeston (d) Street No. \_\_\_\_\_ Registered 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 Helena Sue Ferguson 62  
 (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.  
                     2                      16  
 OCCUPATION 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) New Madrid Co. Mo.  
 FATHER 13. NAME Jake Ferguson  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky  
 MOTHER 15. MAIDEN NAME Florence Clark  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky  
 17. INFORMANT (ADDRESS) Jake Ferguson Sikeston Mo.  
 18. BURIAL, CREMATION, OR REMOVAL PLACE McMullin DATE 9-6-38  
 19. FUNERAL DIRECTOR (ADDRESS) Allegittion Under Sikeston Mo.  
 20. FILED 10-4 1938 Chas H. Russell Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-5-38 1938  
 22. I HEREBY CERTIFY, That I attended deceased from 9-16-38 to 9-5-38  
 I last saw h. alive on 9-3-38 Death is said to have occurred on the date stated above, at 7:30 pm.  
 The principal cause of death and related causes of importance were as follows:  
Prematurity  
15A  
 Other contributory causes of importance: General Debility  
 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? No  
 If so, specify \_\_\_\_\_  
 (Signed) Maileigh Anderson M. D.  
 539 (Address) Sikeston, Mo.

Date of onset  
6-38  
6-38

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**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.)**