REC'D FEB 21 1939
REC'D F 3 1 1939

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

Do not use this space.

1. PLACE OF DEATH
County Saline
Township Miami
City Miami (No. ..... St. ..... Ward)

Registration District No. 797
Primary Registration District No. 6040

File No. 4004
Registered No. 2

2. FULL NAME Athel J. Ferdon

(a) Residence, No. ..... 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 male
4. COLOR OR RACE white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 19-1856

7. AGE 83 YEARS ~~5~~ MONTHS 5 DAYS 28 If LESS than 1 day, ... hrs. or ..... min.

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.
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) wisconsin

FATHER
13. NAME Tobias Ferdon
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) penn

MOTHER
15. MAIDEN NAME dont Know
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) dont Know

17. INFORMANT (ADDRESS) Ada Smith miami mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Miami DATE Jan 19 1939

19. UNDERTAKER (ADDRESS) Geo H Wilson 711 miami mo

20. FILED 1-19 1939 Mrs. Aubrey Haynes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 17, 1939

22. I HEREBY CERTIFY, That I ~~attended deceased from~~ held Inquest, ~~19~~ date to Jan 17, 1939
I last saw h ~~alive on~~ ~~19~~ Death is said to have occurred on the date stated above, at 5 a.m.
The principal cause of death and related causes of importance were as follows:

Jan 17-1939
natural causes
probly - apoplexy

Date of onset

Other contributory causes of importance:

~~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? Natural Date of injury X, 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. X
Manner of injury X
Nature of injury X

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify X
(Signed) B.C. Bradshaw, M. D.
(Address) arrow Rock Mo.
corner saline co 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.

RECEIVED
District Heal[illegible] Officer No. 8,
District File Num[illegible]
Date Filed 2/4/39