REG'D MAR 20 1939

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

Do not use this space. 5800

1. PLACE OF DEATH
(a) County Barry — Registration District No. 36
(b) Township Sugar Creek — Primary Registration District No. 5052 — Registered No.
(c) City Seligman — (d) Street No. — St.
(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. 10 mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Michael Molinda Ferguson
(a) Residence, No. Seligman, Missouri St.
(Usual place of abode, if no street address, write county or city) (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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: T. V. Ferguson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov. 3, 1869

7. AGE: Years 69 — Months 2 — Days 26 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Housewife
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): Wayne County, Illinois

FATHER
13. NAME: Thomas Gallaspey
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown, Indiana

MOTHER
15. MAIDEN NAME: Mary Fountain
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Wayne County, Illinois

17. INFORMANT (ADDRESS): T. V. Ferguson, Seligman, Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE Seligman DATE 2/1/39, 19

19. FUNERAL DIRECTOR (NAME) (ADDRESS): Koon Funeral Home, Cassville, Missouri

20. FILED 2-2, 1938 Pelle S. Frost Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 29, '39, 19

22. I HEREBY CERTIFY, That I attended deceased from May 11, 1937, to Jan 29, 1939
I last saw her alive on Jan. 29, 1939. Death is said to have occurred on the date stated above, at 9:10A. M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Failure	
Chronic Myocarditis	131

Other contributory causes of importance:
Chronic Interstitial Nephritis

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? .....
If so, specify .....
(Signed) W. C. R. Brown, M. D.
35 (Address) Seligman Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 Health Officer No. 6,
District File Number 6-39-652
Date Filed MAR 14 1939

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, Rufus J. Miller, or by

Registered Apprentice No. ....., working under my personal supervision.

Signed Rufus J. Miller

Licensed Embalmer No. 3794

P. O. Address Cassville, Missouri

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

If this body is not embalmed, above space should be left blank.