

Registration District No. 200

Primary Registration District No. 4172

Registrar's No.

1. PLACE OF DEATH:

(a) County Dunklin
(b) City or town Kennett, Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Presbital Hospital
(If not hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 days
(Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME William W. Ferguson

3. (b) If veteran, name war _____ 3. (c) Social Security No. 32-6-16121

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Minnie Ferguson 6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased July 17 1889
(Month) (Day) (Year)

8. AGE: Years 57 52 Months 6 Days 10 If less than one day hr. min.

9. Birthplace Kennett, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business _____

MOTHER FATHER { 12. Name John Ferguson
13. Birthplace Lynn, Tenn
(City, town, or county) (State or foreign country)
14. Maiden name Jennie Byrd
15. Birthplace Lynn, Tenn
(City, town, or county) (State or foreign country)

16. (a) Informant Minnie Ferguson
(b) Address Senath, Mo

17. (a) Burial (b) Date thereof 1-28-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lulu

18. (a) Signature of funeral director A. J. Emerson

(b) Address Parapet, Ark.

19. (a) 3-18-41 (b) Dr. Wheeler Davis
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Dunklin
(c) City or town Senath, Mo
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location) 0
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 27
year 1941 hour 3 minute 35 A. M.

21. I hereby certify that I attended the deceased from 1-21, 1941, to 1-27, 1941
that I last saw her alive on 1-27, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia
Poisoning Duration 5 days

Due to Hypertrophy of heart

Due to Causing Nausea

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

261 While at work? g. J. J. (Specify type of place) (2) Means of injury _____

23. Signature D. A. Russell (M. D. or other) U. M. D.
Address Kennett, Mo Date signed 3-18-41

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 6854

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. 288

Primary Registration District No. 4172

Registrar's No. _____

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
MOTHER FATHER

1. PLACE OF DEATH:

(a) County Dunklin
(b) City or town Kennett
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ years, months or days)

3. (a) PRINT FULL NAME Wm W. Ferguson

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex m 5. Color or race W 6. (a) Single, widowed, married, divorced m

6. (b) Name of husband or wife _____ 6. (c) Age of husband, or wife, if alive _____ years

7. Birth date of deceased July - 17 - 1889
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
51 5 6 10 _____ min.

9. Birthplace _____ (City, town, or county) _____ (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name _____

13. Birthplace _____ (City, town, or county) _____ (State or foreign country)

14. Maiden name _____

15. Birthplace _____ (City, town, or county) _____ (State or foreign country)

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

(a) 3-18-41 (b) Wheeler Down
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____

(c) City or town _____ (If outside city or town limits write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) If foreign born, how long in U. S. A. ? _____ years

NECROLOGICAL CERTIFICATION

20. DATE OF DEATH Month July day 27
year 1941 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that last saw him _____ alive on _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to _____

Due to _____

Other conditions _____ (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) _____ (County) _____ (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work _____ (Specify type of place) (e) Means of injury _____

23. Signature G. P. Presnell (M. D. or other) _____

Address Kennett Mo Date signed _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

SUPPLEMENTARY

