

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

Do not use this space.

30836

1. PLACE OF DEATH

County Laura Registration District No. 467 File No. _____
 Township Barry Primary Registration District No. 4280 Registered No. 77
 City Neuro (No. Case Hospital) St. _____ Ward _____

2. FULL NAME

(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 wh 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) m
 6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Ferriman
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 3-1872
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 55 8 13
 8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work Farmer
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Barry Co
 (STATE OR COUNTRY) Mo

10. NAME OF FATHER William Ferriman
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____
 (STATE OR COUNTRY) _____
 12. MAIDEN NAME OF MOTHER Martha Newson
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____
 (STATE OR COUNTRY) _____

14. INFORMANT Mrs Mary Ferriman
 (Address) Jesskins 370

15. FILED 10/10, 1927 P.W. Smart
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 16 1927
 17. I HEREBY CERTIFY, That I attended deceased from Oct 2, 1927, to Oct 16, 1927, that I last saw h alive on Oct 16, 1927, and that death occurred, on the date stated above, at 8 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
General Peritonitis
11801 129 (duration) yrs. mos. 14 ds.
 CONTRIBUTORY Strangulated Hernia
 (SECONDARY) (duration) yrs. mos. 5 ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH Jesskins Mo
 DID AN OPERATION PRECEDE DEATH yes DATE OF Oct 7
 WAS THERE AN AUTOPSY yes
 WHAT TEST CONFIRMED DIAGNOSIS Clinical & autopsy
 (Signed) P.W. Smart, M. D.
 , 19 (Address) Amwell Ave

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Stuy Cemetery DATE OF BURIAL 10/17 1927

20. UNDERTAKER Stuy Mort Co ADDRESS Neuro

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.

