

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

Do not use this space.

*Russell*  
786  
30

1. PLACE OF DEATH  
 County Greene Registration District No. 368 File No. 786  
 Township Springfield Primary Registration District No. 200 Registered No. 30  
 City Springfield (No. Sh. plus No. 200) St. Mo. Ward     

2. FULL NAME Ernest R. Ferguson  
 (a) Residence No.      Ward Aurora, Mo.  
 (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 Married  
 (write the word)  
 6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Erma Ferguson  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
                          
 8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work Manager of  
Canning Factory  
 (b) General nature of industry, business, or establishment in which employed (or employer)  
 (c) Name of employer

**2. MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1/11 1930  
 17. I HEREBY CERTIFY That I attended deceased from Jan 10, 1930 to Jan 10, 1930  
 that I last saw him alive on Jan 10, 1930, and that death occurred, on the date stated above, at 7 P. M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Laceration Brain due to  
trauma skull injured  
in Automobile Collision  
about two miles west of  
Springfield  
 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Number Springfield  
on Highway 66  
 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED 2100  
103B  
 IF NOT AT PLACE OF DEATH       
 DID AN OPERATION PRECEDE DEATH? no DATE OF       
 WAS THERE AN AUTOPSY? yes  
 WHAT TEST CONFIRMED DIAGNOSIS? autopsy  
 (Signed) C. W. Russell, M. D.  
1/11, 1930 (Address) Springfield

\*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.

9. BIRTHPLACE (CITY OR TOWN) Unknown  
 (STATE OR COUNTRY)  
 10. NAME OF FATHER Unknown  
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown  
 (STATE OR COUNTRY)  
 12. MAIDEN NAME OF MOTHER Unknown  
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown  
 (STATE OR COUNTRY)  
 14. INFORMANT E. J. Wheat  
 (Address) Aurora, Mo.  
 15. FILED 1-11-1930 Lon Sharp  
 REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Aurora Mo DATE OF BURIAL Jan 12 1930  
 20. UNDERTAKER 1011 Schaefer ADDRESS     

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.

1930  
 5  
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37  
 31

