

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

Do not use this space.

40078

1. PLACE OF DEATH

County Ray
Township Wheaton
City..... (No.....) St..... Ward.....

Registration District No. 1167
Primary Registration District No. 6042 A

File No.....
Registered No. 36 St..... Ward.....

2. FULL NAME

(a) Residence, No..... St..... Ward.....
(Usual place of abode)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 12 1844

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
87 6 19

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) Oct. 1931 11. Total time (years) spent in this occupation 60 yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Washington Co. Ohio

13. NAME John Ferguson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

15. MAIDEN NAME Rebecca Bruce

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

17. INFORMANT Vegetia Ferguson (ADDRESS) Farmer Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Lucyanna DATE Dec 3 1931

19. UNDERTAKER Belka Funeral Home (ADDRESS) Wheaton Mo.

20. FILED Dec 3 19 Ed Edmondson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 1st 1931

22. I HEREBY CERTIFY, That I attended deceased from Dec 1928 to Dec 1st 1931. I last saw him alive on Dec 1, 1931. Death is said to have occurred on the date stated above, at 10 P. m.

The principal cause of death and related causes of importance were as follows:

Uremia
1928
165
Other contributory causes of importance: Senility

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) S. A. Ansell, M. D.
(Address) Jarrowood 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. JAN 19 1932

