

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.

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

1 PLACE OF DEATH
County Jackson
Township Jay or
Village Jay or
City James City (NO. 2456 Bellefontaine Ward)

Registration District No. _____ File No. 34307
Primary Registration District No. _____ Registered No. 3302

2 FULL NAME Lenora Ferguson

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE Coc 5 SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) Single

6 DATE OF BIRTH Nov. 1, 1894
(Month) (Day) (Year)

7 AGE 29 yrs. 11 mos. 5 ds. If LESS than 1 day.....hrs. or.....min.?

8 OCCUPATION (a) Trade, profession, or particular kind of work School Girl
(b) General nature of industry business or establishment in which employed (or employer)

9 BIRTHPLACE (City or town, State or foreign country) Arkansas

PARENTS
10 NAME OF FATHER Wm Ferguson
11 BIRTHPLACE OF FATHER (City or town, State or foreign country) Ga.
12 MAIDEN NAME OF MOTHER Lenora Brown
13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Tenn.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Harry Ferguson
(Address) 1704 Paige

15 Sho F. Miller Registrar
Filed Oct - 6 1916

3 MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Oct 5, 1916
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from Jay, 1916, to Sep 23, 1916, that I last saw her alive on Sept 23, 1916, and that death occurred, on the date stated above, at 6:30 a.m.

The CAUSE OF DEATH* was as follows:
23A Pulmonary Tuberculosis
10419 Q

(Duration) one yrs. no mos. no ds.
CONTRIBUTORY Cold & Gastrointestinal
(Secondary) (Duration) one yrs. no mos. no ds.
(Signed) W. G. Gage M. D.
10-6, 1916 (Address) 1003 E 15th St.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)
At place of death no yrs. no mos. no ds. In the State no yrs. no mos. no ds.
Where was disease contracted if not at place of death?
Former or usual residence _____

19 PLACE OF BURIAL OR REMOVAL Highland DATE OF BURIAL Oct. 7, 1916
20 UNDERTAKER W. H. Bro ADDRESS 1729 Lydia

