

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

Do not use this space.

27615<sup>0</sup>

**1. PLACE OF DEATH**

County..... Registration District No. 781  
 Township..... Primary Registration District No. 1003  
 City St. Louis, Mo. (No. City Hosp. No.)  
 St. 25 Ward

File No. 12101  
 Registered No. 12101

**2. FULL NAME**

Baby Ferguson  
 (a) Residence. No. 10122 N. High St., 25 Ward.  
 (Usual place of abode) (If nonresident give city or town and State)  
 Length of residence in city or town where death occurred Months mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

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

5. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF None

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 3, 1926

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
10 mons.

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work nil  
 (b) General nature of industry, business, or establishment in which employed (or employer) None  
 (c) Name of employer None

9. BIRTHPLACE (CITY OR TOWN) St. Louis, Mo.  
 (STATE OR COUNTRY)

10. NAME OF FATHER Not known

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Rebecca Ferguson

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Missouri

14. INFORMANT Anna F. Woodard  
 (Address) City Hospital #2

15. FILED DEC 22 1926 Mal C. Starkeoff  
 REGISTAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 3 1926

17. I HEREBY CERTIFY That I attended deceased from Aug 3 1926 to Aug 3 1926 that I last saw h. w. alive on Aug 3 1926 and that death occurred, on the date stated above, at 1052 m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Premature Birth.  
159

**CONTRIBUTORY (SECONDARY)**

1610  
 (duration) yrs. mos. da.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH:

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) J. W. Woodard, M. D.

12/22, 1926 (Address) City Hosp. No 2

\*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 DATE OF BURIAL

Assigned as Specimen Aug 4 1926

20. UMBERTAKER City Hospital ADDRESS 3945 Lantion

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.

