

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

Do not use this space.

36726

1. PLACE OF DEATH

County Jackson  
Township Blue  
City Independence (No. ....)

Registration District No. 398  
Primary Registration District No. 3019

File No. ....  
Registered No. 317  
St. .... Ward)

2. FULL NAME

William Albert Ferber  
(a) Residence, No. 809 S. Fuller St., ..... Ward.

(If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sarah E. Ferber

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 9<sup>th</sup> 1856

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
71 10 3

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work R.P. Flagman  
(b) General nature of industry, business, or establishment in which employed (or employer) Missouri Pacific Railroad  
(c) Name of employer Platts Co

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

10. NAME OF FATHER W. A. Ferber

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

12. MAIDEN NAME OF MOTHER Wm. McCallister

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

14. INFORMANT (Address) Mrs Sarah Ferber  
435 Smalley Ave

15. FILED Dec 15 1927 F. R. BOOK REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 12 1927

17. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1927, to Dec 12, 1927, and that I last saw him alive on Dec 11, 1927, and that death occurred, on the date stated above, at 4.30 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

chronic myocarditis

3-900 (duration) ..... yrs. .... mos. .... da.

CONTRIBUTORY (SECONDARY) 3-900 (duration) ..... yrs. .... mos. 20 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? Clinical  
(Signed) J. W. Greene M. D.

(Address) Independence Mo

\*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 Mound Grove DATE OF BURIAL 12-14 1927

20. UNDERTAKER C. P. Cassorley ADDRESS Independence

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state EXACTLY. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important. Exact statement of OCCUPATION is very important.

