

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

Do not use this space.

796

Robinson

1. PLACE OF DEATH

County *Linn*

Registration District No. *318*

Township *Springfield*

Primary Registration District No. *2001*

City *Springfield* (No. *1132*)

St. *Thoman*

File No. _____

Registered No. *64*

St. _____ Ward _____

2. FULL NAME

Thomas K. Ferrell

(a) Residence. No. *1132 Thoman* St. _____ Ward _____
(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 *white* 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) *married*

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *Aug 2 - 1846*

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
82 5 24

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work *retired Farmer*
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) *Newport West. Virginia*
(STATE OR COUNTRY)

10. NAME OF FATHER *T. F. Ferrell*

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

12. MAIDEN NAME OF MOTHER *Mary Knight*

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

14. INFORMANT *A. C. Ferrell*
(Address) *Augusta Kans.*

15. FILED *1/28 28 Oct Forst Mbs*

REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *Jan 26 1928*

17. I HEREBY CERTIFY, That I attended deceased from *Jan 25 1928* to *Jan 26 1928* that I last saw him alive on *Jan 26 1928*, and that death occurred, on the date stated above, at *2 P. m.*

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Enlarged Prostate
137
1330
13213 (duration) yrs. mos. ds.
CONTRIBUTORY *Arterio Sclerosis, Suffering* (SECONDARY)
Jaundice (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH *X*

DID AN OPERATION PRECEDE DEATH? *No* DATE OF _____

WAS THERE AN AUTOPSY? *No*

WHAT TEST CONFIRMED DIAGNOSIS? *X*

(Signed) *J. A. Robertson*, M. D.

, 19 *28* (Address) *Springfield 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 DATE OF BURIAL

National Cemetery *1/30 1928*

20. UNDERTAKER ADDRESS *Patson Funeral Home, Springfield*

