

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

Do not use this space.

25931

1. PLACE OF DEATH

County..... Registration District No. 72
 Township..... Primary Registration District No. 1000
 City St. Louis, Mo. (No. Sanitarium)..... St. Ward

File No.
 Registered No. 7791

2. FULL NAME

Hoover Ferguson
 (a) Residence No. Unknown St. 13 Ward.
 (Usual place of abode) (If nonresident give city or town and State)
 Length of residence in city or town where death occurred 4 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) Separated
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 18, 1887
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
about 40 | 7 | 6 | | |

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Laborer
 (b) General nature of industry, business, or establishment in which employed (or employer) Unknown
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Madisonville
 (STATE OR COUNTRY) Kentucky

10. NAME OF FATHER Unknown
 11. BIRTHPLACE OF FATHER (CITY OR TOWN)
 (STATE OR COUNTRY)
 12. MAIDEN NAME OF MOTHER
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
 (STATE OR COUNTRY)

14. INFORMANT William T. Giller, M.D.
 (Address) 5300 Arsenal St.

15. FILED 28 1928 Max C. Stankoff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 24 1928

17. I HEREBY CERTIFY, That I attended deceased from May 7, 1928, to July 24, 1928.
 that I last saw alive on July 24, 1928, and that death occurred, on the date stated above, at 11:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
General Paralysis of the Insane

73
76 (duration) yrs. 2 mos. 18 ds. +
 CONTRIBUTORY (SECONDARY)
 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH Unknown

19. DID AN OPERATION PRECEDE DEATH? No. DATE OF

WAS THERE AN AUTOPSY? Clinical & Lab.
 WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) William T. Giller, M. D.
7/24, 1928 (Address) 5300 Arsenal St.

*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 Washington DATE OF BURIAL 7/28 28

20. UNDERTAKER W. Richter ADDRESS 2500 Ritz

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.

RECORDED AND INDEXED—THIS IS A PERMANENT RECORD

