JAN 28 1929

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

Do not use this space.

42053

File No. .....
Registered No. .....

1. PLACE OF DEATH
County. Pike
Township. Buffalo
City. Louisiana (No. Pike Co. Hospital St. ..... Ward)
Registration District No. 6 89
Primary Registration District No. 2033

2. FULL NAME Sadie Emma Pelican
(a) Residence. No. Clarksville Mo Ward. Pike Co Hospital
(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: Female
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: Chas. Lewis Pelican

6. DATE OF BIRTH (MONTH, DAY AND YEAR): May 27-1880

7. AGE: Years 48 | Months 6 | Days 25 | If LESS than 1 day, ..... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN) Oaks
(STATE OR COUNTRY) Ill

PARENTS
10. NAME OF FATHER Richard T. Ferguson
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Silex
(STATE OR COUNTRY) Mo
12. MAIDEN NAME OF MOTHER Lenora A. Doerler
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Hardin
(STATE OR COUNTRY) Ill

14. INFORMANT Earl Richard Ferguson
(Address) 2907 Fernwood Ave. Alton Ill

15. FILED 12/22 1928 F C Haley Jr. REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12-21 1928

17. I HEREBY CERTIFY, That I attended deceased from 12-21-28 21, 1928, to Dec 21, 1928, that I last saw h.. alive on Dec 21, 1928, and that death occurred, on the date stated above, at 9:30 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral Hemorrhage
Rt side
Paralysis
(duration) 12 hrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) .....
(duration) ..... yrs. ..... mos. ..... ds.

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. Burnham, M. D
12/23, 1928 (Address) Elsworth 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: Clarksville Cemetary
DATE OF BURIAL: Dec 24 1928

20. UNDERTAKER: Harry Carroll
ADDRESS: Clarksville Mo

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.

WHITE PAPER, WITH CHARCOAL INSERT, IS A PERMANENT RECORD