

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

Do not use this space.

7068

1. PLACE OF DEATH

County Lafayette
Township Odesa
City Med. North. W. Ferguson (No. _____) (St. _____ Ward)

Registration District No. H64
Primary Registration District No. 4277

File No. 13
Registered No. 6

2. FULL NAME

(a) Residence. No. _____ 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 female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND or (or) WIFE of R. W. Ferguson

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 2, 1863

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
66 0 21

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

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

10. NAME OF FATHER Green Smith

11. BIRTHPLACE OF FATHER (CITY OR TOWN) not known
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Mary N. Cook

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

14. INFORMANT R. W. Ferguson
(Address) Odesa, Mo.

15. Mar. 10, 1929 R. W. Crooley
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 23 1929

17. I HEREBY CERTIFY That I attended deceased from March 27, 1929, to Feb. 13, 1929, that I last saw her alive on Feb. 23, 1929 and that death occurred, on the date stated above, at _____

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Interstitial Nephritis

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

18. WHERE WAS DISEASE CONTRACTED? Ill
IF NOT AT PLACE OF DEATH, _____

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____
WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS? Micrological
(Signed) R. W. Ferguson M. D.
2/25, 1929 (Address) Odesa, 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 Odesa Cem DATE OF BURIAL 2/25 1929

20. UNDERTAKER L. L. Sherman ADDRESS Odesa

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.

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2
23
2
31
2

1929

