51

APR 25 1929

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

Do not use this space.

11289

1. PLACE OF DEATH
County Johnson
Township Warrensburg.
City Warrensburg. (No. ..... St. ..... Ward)

Registration District No. 431
Primary Registration District No. 3023

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

2. FULL NAME Mrs. Willie Fergus.
(a) Residence. No. 310. E. Culton St., ... Ward. .....
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 3 yrs. 9 mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mr. Rush J. Fergus.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March. 25. ~~1929~~ 1844

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
74	11	27	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Reh House
(STATE OR COUNTRY) W. Va.

PARENTS
10. NAME OF FATHER William Johnson.
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Unknown
12. MAIDEN NAME OF MOTHER Willie Johnson.
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Pa.

14. INFORMANT Mrs. Murry Q. Williams.
(Address) Warrensburg. Mo.

15. FILED 3/25 1929 Wm R Patterson REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar. 22, 1929

17. I HEREBY CERTIFY, That I attended deceased from June 15, 1925, to March 22, 1929, that I last saw her alive on March 21, 1928, and that death occurred, on the date stated above, at 1:50 A. M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Diabetes Mellitus
59
(duration) 4 yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) 57
(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? .....
(Signed) John A Powers M.D
, 19 (Address) Warrensburg

*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
Sunset Hill	Mar. 23 1929

20. UNDERTAKER	ADDRESS
R. Q. Phillips.	Warrensburg. Mo

N. B.—Every item of information should be carefully supplied. AGB should be stated EXACTLY. PHYSICIAN... CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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