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

Do not use this space.
23773

1. PLACE OF DEATH
County Bollinger — Registration District No. 67 — File No.
Township Lorance — Primary Registration District No. 5102C — Registered No. 34
City — (No. — St. — Ward)

2. FULL NAME James Furgerson
(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 12 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): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF —
6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 22 1858
7. AGE: YEARS 71 — MONTHS 3 — DAYS 7 — If LESS than 1 day, ___ hrs. or ___ min.
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): Inmate On
(c) Name of employer: County Farm
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tenn
PARENTS
10. NAME OF FATHER: Don't Know
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Don't Know
12. MAIDEN NAME OF MOTHER: Don't Know
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Don't Know
14. INFORMANT: N. M. Baker
(Address): Marble Hill Mo
15. FILED Aug 12, 1929 C A Sander REGISTRAR

MEDICAL CERTIFICATE OF DEATH 3

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 29 1929
17. I HEREBY CERTIFY, That I attended deceased from Oct, 1928, to July 29, 1929, that I last saw him alive on July 26, 1929, and that death occurred, on the date stated above, at 11 P m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Nephritis and Cystitis
132A
137
138
(duration) 1 yrs. 3 mos. ds.
CONTRIBUTORY (SECONDARY): Hyperinophy of Prostate
(duration) 2 yrs. mos. ds.
18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) C A Sander, M. D
, 19 (Address) Marble Hill, 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: County Farm — DATE OF BURIAL: July 30 1929
20. UNDERTAKER: Otis Hahn — ADDRESS: Marble Hill Mo

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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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