

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

Do not use this space.

31770

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.

96

1. PLACE OF DEATH
 County St. Louis Registration District No. 78
 Township St. Ferdinand Primary Registration District No. 6050
 City St. Louis (No. 8938 Shushkamp) St. _____ Ward _____

2. FULL NAME Edgar Ferguson
 (a) Residence No. 8938 Shushkamp 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.

File No. 9198
 Registered No. _____
 St. _____ Ward _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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 Edith Ferguson

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 30 1865

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. min.
<u>63</u>	<u>10</u>	<u>13</u>		

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

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 13 19 29

17. I HEREBY CERTIFY, That I attended deceased from May 29, 19 28, Sept. 13, 19 29
 that I last saw him alive on Sept. 12, 19 29, and that death occurred, on the date stated above, at 5:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Aortic Insufficiency
92A
112
 (duration) yrs. 6 mos. ds.
 CONTRIBUTORY (SECONDARY) Asthma
 (duration) 5 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) S. A. Van Doefen, M. D.

9. BIRTHPLACE (CITY OR TOWN)..... (STATE OR COUNTRY) Ohio

10. NAME OF FATHER Joseph Ferguson

11. BIRTHPLACE OF FATHER (CITY OR TOWN)..... (STATE OR COUNTRY) Ohio

12. MAIDEN NAME OF MOTHER Catharine Montgomerie

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

14. INFORMANT Edith A. Ferguson Campbell
 (Address) 8938 Shushkamp

19. PLACE OF BURIAL, CREMATION, OR REMOVAL St. Peters DATE OF BURIAL Sept 16 19 29

15. FILED 28 1:22 19 29 O. N. Schulte
 REGISTRAR

20. UNDERTAKER Arnold & Co. 2707 N. Grand

250

