

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

Do not use this space.

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.

18 1936

799

**1. PLACE OF DEATH**

County Greene Registration District No. 318  
 Township Springfield Primary Registration District No. 2001  
 City Springfield (No. 744 Doonville)  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. 41  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence. No. Ernest A. Ferbrache St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode) 744 Doonville  
 Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da. (If nonresident give city or town and State)

**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 Minnie G. Ferbrache  
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 11-1860  
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
69 | 1 | 5  
 8. OCCUPATION OF DECEASED 15 yrs. Retired Salesman  
 (a) Trade, profession, or particular kind of work  
 (b) General nature of industry, business, or establishment in which employed (or employer)  
 (c) Name of employer

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 16 1930  
 17. I HEREBY CERTIFY, That I attended deceased from Jan 12 1930 to Jan 16 1930  
 that I last saw him alive on Jan 15 1930, and that death occurred, on the date stated above, at 10 P. M.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Tuberculosis of lungs  
23A

**CONTRIBUTORY (SECONDARY)**

18. WHERE WAS DISEASE CONTRACTED? IF NOT AT PLACE OF DEATH?  
 19. DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_  
 WAS THERE AN AUTOPSY? no  
 WHAT TEST CONFIRMED DIAGNOSIS? (Signed) Leo Cox, M. D.

\*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.

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

Ohio  
 10. NAME OF FATHER Daniel P. Ferbrache

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

Ohio

**12. MAIDEN NAME OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)**

Russia G. Stone

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

Unknown

14. INFORMANT Mrs. Minnie G. Ferbrache  
 (Address) Springfield, Mo.

15. FILED 1-16-30 W. H. Sharp REGISTRAR

**13. PLACE OF BURIAL, CREMATION, OR REMOVAL**

Maple Park Cemetery DATE OF BURIAL Jan 19 1930

20. UNDERTAKER 424 E. Commercial St. ADDRESS J. W. Klingner & Co. Springfield, Mo.

172

31

46