

APR 23 1930

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

Do not use this space.

7986

1. PLACE OF DEATH

County Cape Girardeau Registration District No. 130
Township Welch Primary Registration District No. 2282
City (No. 5175) St. _____ Ward _____

File No. _____
Registered No. _____

2. FULL NAME

Joseph William Ferimore
(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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

5A. If MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb-27-1857

7. AGE YEARS MONTHS DAYS If LESS than I day, _____ hrs. or _____ min.
73 19

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) New Madrid
(STATE OR COUNTRY) MO

10. NAME OF FATHER Henry Ferimore

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Cape Girardeau
(STATE OR COUNTRY) MO

12. MAIDEN NAME OF MOTHER Jarah Shepoff

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Cape Girardeau
(STATE OR COUNTRY) MO

14. INFORMANT Thos. Ferimore
(Address)

15. FILED 3/18 30 J.M. Slegle
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3-16 1930

17. I HEREBY CERTIFY, That I attended deceased from 3-14, 1930, to 3-16, 1930 that I last saw him alive on 3-14, 1930, and that death occurred, on the date stated above, at 3 2 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

diabetic melitis

59
CONTRIBUTORY (SECONDARY) 57
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH

8 DID AN OPERATION PRECEDE DEATH. DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) G. S. Markel, M. D.
, 19 (Address) Allenwille 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 Wright Cemetery DATE OF BURIAL 3/17-1930

20. UNDERTAKER Morgan Leo Adams
ADDRESS

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.

