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

Do not use this space.

16997

JUL 24 1930

1. PLACE OF DEATH
County Pike
Township ~~Gooch~~
City Calumet (No. ..... St. ..... Ward)

Registration District No. 685
Primary Registration District No. 5909 B

File No. 21
Registered No. 15

2. FULL NAME Mrs Rosie Ferguson

(a) Residence. No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)
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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
female	White	widow

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

X 6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 2 1856

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
X	74		9	

8. OCCUPATION OF DECEASED
(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

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

PARENTS
X 10. NAME OF FATHER Geo. Davis
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Va
(STATE OR COUNTRY)
X 12. MAIDEN NAME OF MOTHER Matilda Winkfield
X 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Va.
(STATE OR COUNTRY)

14. INFORMANT Mrs E. E. Brown
(Address) Eolia Mo.

15. FILED May 11, 1930 ~~B. M. Gooch~~ REGISTRAR
W. W. Treadway

3 **MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 11 1930

17. I HEREBY CERTIFY, That I attended deceased from May 7, 1930, to May 11, 1930 that I last saw her alive on May 11, 1930 and that death occurred, on the date stated above, at 10 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
My ocarditis -
108
930
[illegible] (duration) 5 yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Goiter from childhood
Lobar pneumonia (duration) yrs. mos. 5 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? Physical diagnosis
(Signed) Chas L Bausshead, M. D.
5/12, 1930 (Address) Paynesville 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	DATE OF BURIAL
Family Cemetry	May 12 1930

20. UNDERTAKER	ADDRESS
Gooch Buchanan	Eolia Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.