

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

Do not use this space.

20678
~~20706~~

PLACE OF DEATH

County St. Louis Registration District No. 1170 File No. _____
Township _____ Primary Registration District No. 6298H Registered No. 142
City Richmond Homo St. Mary's Hospital St. _____ Ward _____

2. FULL NAME Vernetta Ferguson
(a) Residence. No. 4666 St. Louis St. _____ Ward. St. Louis, Mo.
(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

MEDICAL CERTIFICATE OF DEATH

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>James J. Brennan</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Jan 21 1877</u>		
7. AGE YEARS <u>53</u>	MONTHS <u>5</u>	DAYS <u>18</u>
IF LESS than 1 day, _____ hrs. or _____ min.		
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work. <u>Housewife</u> (b) General nature of industry, business, or establishment in which employed (or employer). (c) Name of employer		
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Bellemeille Illinois</u>		
10. NAME OF FATHER <u>John Kaiser</u>		
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Bellemeille Illinois</u>		
12. MAIDEN NAME OF MOTHER <u>Not ascertainable</u>		
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Illinois</u>		
14. INFORMANT (Address) <u>Joseph Brennan 4666 St. Louis</u>		
15. FILED <u>6/19 1930</u> <u>L. J. Jensen</u> REGISTRAR		

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 9 1930

17. I HEREBY CERTIFY, That I attended deceased from May 2, 1930, to June 9, 1930, that I last saw her alive on June 8, 1930, and that death occurred, on the date stated above, at 1:00 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cirrhosis of Liver
Oxycephalus
12 1/2
13 1/2 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Oxycephalus of face (duration) yrs. mos. ds. 4

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

19. DID AN OPERATION PRECEDE DEATH? no DATE OF _____

20. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Physical signs
(Signed) Joseph Davis, M. D.
June 10 1930 (Address) Century Bldg

*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 Bellemeille Ill **DATE OF BURIAL** June 11 1930

20. UNDERTAKER Kamyon Sheahan ADDRESS 413 Washington

at 25 every atom 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.

25
1930

25

51

1100

