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

399

23116

1. PLACE OF DEATH

County: Jackson — Registration District No.: 1002 — File No.:

Township: Blue — Primary Registration District No.: — Registered No.: 3110

City: Leeds — (No. T. B. Hosp Leeds Mo St. Ward)

2. FULL NAME: Ferguson Henry

(a) Residence. No. 2314 Tracy St., 4 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)
male	negro	married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): 2-12-1891

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	39	5	15	
~~39~~	~~1880~~	~~2~~	~~19~~	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Skilled Laborer
(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): Kansas City Kan

PARENTS

10. NAME OF FATHER: Ferguson Galrid

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

12. MAIDEN NAME OF MOTHER: Matilda Gladis July 28 1930

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

14. INFORMANT (Address): K.C. T.B. Hospital Leeds Mo

15. FILED 7/28 1930 M M Crowe asst. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): July 27 1930

17. I HEREBY CERTIFY, That I attended deceased from June 16, 1930 to July 27, 1930 that I last saw h.e.m. alive on July 27, 1930 and that death occurred, on the date stated above, at 6:05 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute Pulmonary Tuberculosis
2.3A
(duration) 0 yrs. 3 mos. 20 ds.

CONTRIBUTORY (SECONDARY): none
(duration) ....yrs. ....mos. ....ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH: unknown
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical Laboratory
(Signed) Edwin Hee, M. D.
(Address) 1830 Vine St

*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
Blue Ridge Town	7-30-30

20. UNDERTAKER	ADDRESS
H B Moore	1820 E 18th

N. B.—Every item of information should be given in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.
CAUSE OF DEATH in plain terms, so that it may be properly classified.