

SEP 22 1930

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

Do not use this space.

26089

1. PLACE OF DEATH

County Cape County Registration District No. 128
Township 6th Primary Registration District No. 3009
City Cape Girardeau No. St. Mo Hospital St. _____ Ward _____

File No. _____
Registered No. 479

2. FULL NAME

James William Ferguson
(a) Residence No. Parma Mo 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. da. / How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug - 10 - 1930

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

17. I HEREBY CERTIFY, That I attended deceased from Aug 10 - 1930, to Aug 10 - 1930, that I last saw him alive on Aug 10 - 1930, and that death occurred, on the date stated above, at 5-30 p.m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1914-5-18

THE CAUSE OF DEATH* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 16 2 25 22 1

Contusion of chest and internal hemorrhage caused by being accidentally run over by automobile.

8. OCCUPATION OF DECEASED

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

CONTRIBUTORY (SECONDARY) 210M (duration) yrs. mos. ds.

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

18. WHERE WAS DISEASE CONTRACTED? IF NOT AT PLACE OF DEATH Parma, Mo.

10. NAME OF FATHER Frank Ferguson

DID AN OPERATION PRECEDE DEATH? No DATE OF _____

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

WAS THERE AN AUTOPSY? No

12. MAIDEN NAME OF MOTHER Sadie Tippens

WHAT TEST CONFIRMED DIAGNOSIS? X-ray chest conditions
(Signed) G.P. Schick M. D.

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

8/10/1930 (Address) Cape Girardeau, 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.

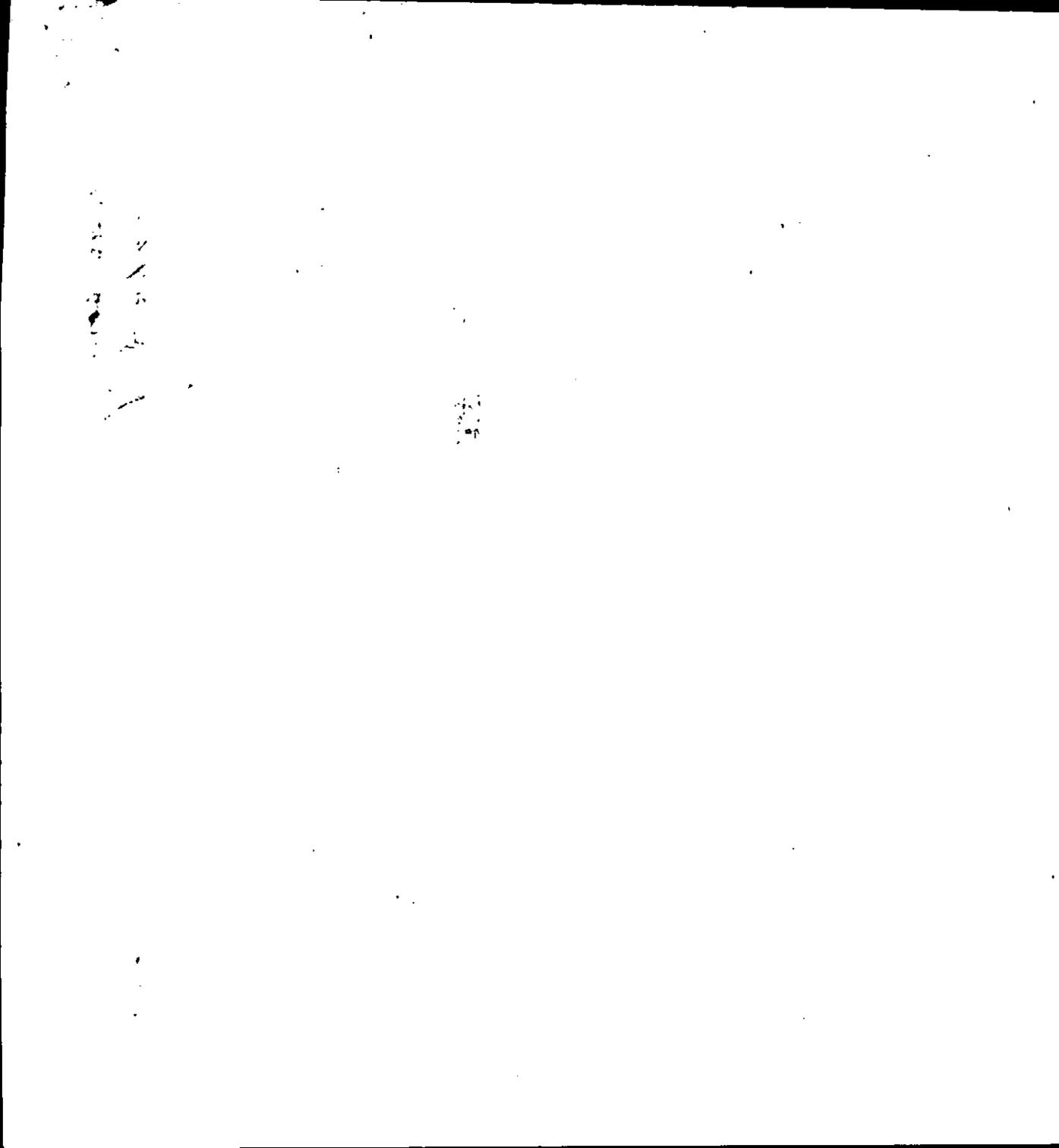
14. INFORMANT Mr Francis Tippens (Address) Parma Mo

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Taylor Cemetery DATE OF BURIAL Aug-11-1930

15. FILED 8/11, 1930 W Kauff REGISTRAR

20. UNDERTAKER T. Knight ADDRESS Parma

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



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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Cape Girardeau Registration District No. 195- File No. _____
 Township _____ Primary Registration District No. 3009 Registered No. 479
 City _____ (No. _____) St. _____ Ward _____

2. FULL NAME

James William Ferguson
 (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

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED S (write the word)

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 10 1930

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

17. I HEREBY CERTIFY That I attended deceased from _____, 19____, 19____ (that I last saw h. _____ alive on _____, 19____, and that death occurred, on the date stated above at _____ m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

THE CAUSE OF DEATH* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.

Contusion of chest and internal hemorrhage caused by being accidentally run over by automobile (duration) _____ yrs. _____ mos. _____ ds.

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 _____

18. WHERE WAS DISEASE CONTRACTED _____ IF NOT AT PLACE OF DEATH _____
 DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____
 WAS THERE AN AUTOPSY? _____
 WHAT TEST CONFIRMED DIAGNOSIS? _____
 (Signed) _____, M. D.
 _____, 19____ (Address)

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

10. NAME OF FATHER _____

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

12. MAIDEN NAME OF MOTHER _____

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

14. INFORMANT (Address) _____

*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 _____ 19____

20. UNDERTAKER ADDRESS _____

FILED 197 30 W. Kauffman REGISTAR

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

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

5072009

PARMA, MO. 1876
W. C. Kaempfer
Cape Girardeau, Mo.
My dear Sir

This accident occurred in New Madrid
county near Parma or possibly a little nearer
Cosmo (I don't know exactly where the house is located
to they were at a dance and the young man that
ran over told us all he got "too much to
drink" and went as far as he could go and
fell down in some tall weeds and went
to sleep. Later the Smith boy started to leave
and being unable to see him in the weeds
drove over him before he knew he was there.
If the driver was drunk I have never heard any
one state the fact.

I took the injured boy to the Hospital and he
told me on the way there that was the way
it happened and that he did not blame the
driver.

Trusting this explains what you desire

learn remain

Yours Truly
J. C. Knight

5(2)-26089