

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.

OCT 29 1930

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

Do not use this space.

30382

1. PLACE OF DEATH

County Laura Registration District No. 467
Township Aurora Primary Registration District No. 4280
City Aurora (No. 75 W. Pleasant)

File No. _____
Registered No. 4
St. _____ Ward _____

2. FULL NAME

Paula Jean 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

3. SEX <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <input checked="" type="checkbox"/>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Sept. 18 - 1930</u>		
7. AGE	YEARS	MONTHS
		DAYS
		If LESS than 1 day, _____ hrs. or _____ min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <input checked="" type="checkbox"/> (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer		

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept. 20 1930

17. I HEREBY CERTIFY, That I attended deceased from Sept. 18 1930, to Sept. 20 1930 that I last saw her alive on Sept. 20 1930, and that death occurred, on the date stated above, at 6 P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Edema of Lungs
1610 (duration) _____ yrs. _____ mos. 2 ds.

CONTRIBUTORY (SECONDARY) 103 (duration) _____ yrs. _____ mos. _____ ds.

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

9 DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS clinical
(Signed) W. W. Smart, M. D.
, 19 _____ (Address) Aurora

*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.

9. BIRTHPLACE (CITY OR TOWN) Aurora
(STATE OR COUNTRY) MO.

10. NAME OF FATHER Paul Ferguson

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

12. MAIDEN NAME OF MOTHER Helen Pilkington

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

14. INFORMANT Paul Ferguson
(Address) Aurora, Mo.

15. FILED Oct 2, 1930 W. W. Smart REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Maple Park Cem. DATE OF BURIAL 9/21 1930

20. UNDERTAKER King Funeral Home ADDRESS Aurora

