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

Do not use this space.

39300

JAN 20 1931

1. PLACE OF DEATH
County Jackson — Registration District No. 398 — File No.
Township Blue — Primary Registration District No. 5554 — Registered No. 382
City Independence, R.F.D. (No. ..... St. ..... Ward)

2. FULL NAME Ebaneyer T. Ferguson
(a) Residence. No. Route 5 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: M
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR) WIFE OF~~ Mrs. Agnes Ferguson

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 4 - 1853

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
77	11	15	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retired Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Excelsior Springs, (STATE OR COUNTRY) Missouri

PARENTS
10. NAME OF FATHER Richard Ferguson
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Richmond (STATE OR COUNTRY) Virginia
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown (STATE OR COUNTRY) Virginia

14. INFORMANT Mr. Elmer Ferguson
(Address) Lone Jack, Mo. R.F.D.

15. FILED 12-20 1930 L L Cook REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12-19- 1930

17. I HEREBY CERTIFY, That I attended deceased from Oct 1st, 1930 to Dec 19, 1930 that I last saw him alive on about Nov 25, 1930, and that death occurred, on the date stated above, at 8:45 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma of Stomach
(duration) about yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 44 (duration) yrs. mos. 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? Xray & Clinical
(Signed) George T Twyman M.D.
12/20 1930 (Address) Independence 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: Woods Chapel Cemetery — DATE OF BURIAL: 12-21 1930

20. UNDERTAKER: Fields-James Co. — ADDRESS: Lee's Summit Mo

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.