

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

Do not use this space.

10002

1. PLACE OF DEATH

County Jackson Registration District No. 3:9 File No. _____
 Township Jawa Primary Registration District No. 1002 Registered No. 1270
 City Kansas City (No. K.C. General Hosp) St. Mo Ward _____

2. FULL NAME

Jamet Ferguson
 (a) Residence No. 994 W. 37th St. 5 Ward. _____ (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 Female 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 Wm. L. Ferguson
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 20-1900
 7. AGE YEARS MONTHS DAYS 30 10 26 LESS than 1 day, hrs. or min.
 8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Housewife 735
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Kansas City
 (STATE OR COUNTRY) Kansas

PARENTS
 10. NAME OF FATHER Wm. J. Holt
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____
 (STATE OR COUNTRY) Georgia
 12. MAIDEN NAME OF MOTHER Isabelle Melles
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____
 (STATE OR COUNTRY) Kansas

14. INFORMANT Reverend Clerk
 (Address) K.C. General Hosp

15. FILED 3/16, 1931 M. M. Croove REGISTRAR
Asst

MEDICAL CERTIFICATE OF DEATH

2
 16. DATE OF DEATH (MONTH, DAY AND YEAR) 3-15 1931
 17. I HEREBY CERTIFY, That I attended deceased from 3-15 1931 to 3-15 1931, that I last saw her alive on 3-15 1931, and that death occurred, on the date stated above, at 8:40 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pulver. Pneumonia
108
79A / 08 (duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (SECONDARY) Pneumococcal meningitis
 (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? yes
 WHAT TEST CONFIRMED DIAGNOSIS Exam. And Autopsy
 (Signed) P. E. Wilcox M. D.
3-16, 1931 (Address) Supt K.C. Gen. Hosp

*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 Atchison Kans DATE OF BURIAL Mar 17 1930

20. UNDERTAKER R. W. Dudley & Sons ADDRESS Jr

N. B.—Every item of information should be carefully supplied. AGE should be stated in plain terms, so that it may be properly classified. Exact st. CAUSE OF DEATH in plain terms, so that it may be properly classified.

