23706-a

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

Do not use this space.

25706-a

File No. .....

Registered No. .....

1. PLACE OF DEATH
County Montgomery
Township .....
City Montgomery City (No. ....., ... St. ..... Ward)

Registration District No. 592
Primary Registration District No. 4250

2. FULL NAME James Ferguson
(a) Residence. No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

DEC 28

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
male	white	married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 3 1849

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	81	9n	13	

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

9. BIRTHPLACE (CITY OR TOWN) Cleveland
(STATE OR COUNTRY) Ohio

PARENTS
10. NAME OF FATHER Thomas Ferguson
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Ireland
12. MAIDEN NAME OF MOTHER Margerett Nolan
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Ireland

14. INFORMANT Mrs. James Ferguson
(Address) Montgomery City Mo

15. FILED 8-10, 1931 D. J. Bentley REGISTRAR

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MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 16 1931

17. I HEREBY CERTIFY, That I attended deceased from July 13, 1931, to July 16, 1931 that I last saw him alive on July 15, 1931, and that death occurred, on the date stated above, at 8 00 p m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
1. Diabetes 2. Gangrene right foot
3. Diabetic coma
54
92A
97
(duration) Not known yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 1. Arterio-sclerosis 2. Mitral Insufficiency (duration) Not known 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? Physical Exam. & Laboratory
(Signed) Bruce Menefee, M. D.
July 18, 1931 (Address) Montgomery City, 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 Catholic Cemetary Montgomery City Mo
DATE OF BURIAL July 18 1931

20. UNDERTAKER F. Kidwell Montgomery City Mo
ADDRESS

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.