

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

Do not use this space.

5700

1. PLACE OF DEATH
 County Shelby Registration District No. 678
 Township Douffon Primary Registration District No. 5905
 City (No. _____) St. _____ Ward _____

2. FULL NAME Charley Ferris
 (a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode)
 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.

File No. _____
 Registered No. _____

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 16 - 1857

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
74 3 21

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 4 - 1 - 1931 11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Quincyville Mo

13. NAME John Ferris

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England

15. MAIDEN NAME Hellie Baycock

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England

17. INFORMANT Elmer Ferris
 (ADDRESS) Quincyville Mo

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Oak Hill Cem DATE 2-10-32

19. UNDERTAKER W. E. Kohler
 (ADDRESS) St James Mo

20. FILED 2-18-32 1932 Quincyville Mo
 Registrar.

MEDICAL CERTIFICATE OF DEATH

2. 21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 7 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 10 1931, to Feb 7 1932
 I last saw him alive on 2-6 1932. Death is said to have occurred on the date stated above, at 12:45 p.m.
 The principal cause of death and related causes of importance were as follows:
Carcinoma of Prostrate Gland, hardened off with Bronchial Pneumonia
 Date of onset _____

Other contributory causes of importance: _____

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____
 (Signed) M. E. Spurgeon, M. D.
 (Address) Redford Mo

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

