

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.

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

Do not use this space.

8636

1. PLACE OF DEATH  
County Jackson Registration District No. 399  
Township Low City Primary Registration District No. 300 E  
City Manassas City (No. 1706) (W. 9, 300 E)  
St. \_\_\_\_\_ Ward \_\_\_\_\_  
Registered No. 1221

2. FULL NAME Alex. Ferguson  
(a) Residence, No. 1706 W. 9th St. 9 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. (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
55

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labour 237

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) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo. 1

13. NAME Unknown -

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 31

15. MAIDEN NAME Unknown

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

17. INFORMANT J. L. Brown  
(ADDRESS) 1212 Osage

18. BURIAL, CREMATION, OR REMOVAL PLACE Louisiana, Mo. DATE Mar 24 1932

19. UNDERTAKER Nathan W. Thatcher  
(ADDRESS) 1520 N. 5th St.

20. FILED 3/24 1932 M. M. Crowe  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 20, 1932

22. I HEREBY CERTIFY, That I attended deceased from March 20, 1932, to March 20, 1932.

I last saw him alive on March 20, 1932. Death is said

to have occurred on the date stated above, at 12 m. noon

The principal cause of death and related causes of importance were as follows:

Bronchial Asthma

Date of onset

Other contributory causes of importance:

Bronchial Pneumonia

Name of operation none Date of \_\_\_\_\_

What test confirmed diagnosis? chest Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 1932

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) J. L. Brown \_\_\_\_\_, M. D.

(Address) \_\_\_\_\_

