

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

Do not use this space.

8900

1. PLACE OF DEATH

County Wagoner
Township Doplin
City Doplin (No. 1002)

Registration District No. 411
Primary Registration District No. 2002

File No. 17
Registered No. 17
St. _____ Ward _____

2. FULL NAME Miss Mary E. Ferguson

(a) Residence, No. 1707 Kentucky 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 Female 4. COLOR OR RACE Wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 27-1907

7. AGE YEARS 25 MONTHS 1 DAYS 14
If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Invalid
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none
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) Doplin Mo

13. NAME James D. Ferguson

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

15. MAIDEN NAME Hannah E. Simpson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wagoner Mo

17. INFORMANT Hannah E. Ferguson
(ADDRESS) 1707 Kentucky

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Park DATE Mar. 14 32

19. UNDERTAKER Frank Higgins Co
(ADDRESS) Doplin Mo

20. FILED 3/13 1932 A. Benson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 11th 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 1932 to Mar 11 1932
I last saw her alive on Mar 11 1932. Death is said to have occurred on the date stated above, at 7:30 a.m.

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

Chronic Valvular Heart Disease
Date of onset 11-30

Other contributory causes of importance:
None

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?
If so, specify _____ (Signed) A. H. Winchester, M. D.
Doplin 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.

APR 27 1932

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

