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

Do not use this space.

11548

File No. .....

Registered No. 28

1. PLACE OF DEATH

County: Bates — Registration District No.: 50

Township: Mt Pleasant — Primary Registration District No.: 5074

City: ..... (No. ....., ... St. ..... Ward)

2. FULL NAME: Elizabeth Ferguson

(a) Residence. No. ..... 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.

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.

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

MAY 23 1932

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widow

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Samuel Ferguson

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Feb. 19 – 1844

7. AGE: Years 88 | Months 2 | Days 9 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): ✓
(c) Name of employer: ✓

9. BIRTHPLACE (CITY OR TOWN): Henry Co.
(STATE OR COUNTRY): Ky.

PARENTS

10. NAME OF FATHER: Mabra McGowan

11. BIRTHPLACE OF FATHER (CITY OR TOWN): .....
(STATE OR COUNTRY): Ky.

12. MAIDEN NAME OF MOTHER: Neal

13. BIRTHPLACE OF MOTHER (CITY OR TOWN): .....
(STATE OR COUNTRY): Ky

14. INFORMANT: Mrs Henry Lacy
(Address): Butler Mo

15. FILED 4/28 1932 Nevin L. Culver
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): April 28 1932

17. I HEREBY CERTIFY, That I attended deceased from Feb. 1, 1931, to April 26, 1932 that I last saw h.e.s. alive on April 26, 1932, and that death occurred, on the date stated above, at 12-10 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Nephritis
Ren
Ren A 13

(duration) 2 yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY): Uremic convulsions

(duration) ..... yrs. ..... mos. 2 ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? (1)

DID AN OPERATION PRECEDE DEATH? No DATE OF ✓

WAS THERE AN AUTOPSY? No.

WHAT TEST CONFIRMED DIAGNOSIS? ✓

(Signed) C. M. O'Brien, M. D.

4/28, 1932 (Address) Butler 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: Salem Cem. — DATE OF BURIAL: Apr 30 1932

20. UNDERTAKER: F. M. Campbell — ADDRESS: Marshall Mo