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.

MAY 24 1932

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

Do not use this space.
12102
~~12102~~

1. PLACE OF DEATH
33 County Dent — Registration District No. 266 — File No.
1 Township — Primary Registration District No. 4164 — Registered No. 23
2 City Salem (No. , St. Ward)

2. FULL NAME Billy Donald 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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 26 1930

7. AGE 1 YEARS 15 MONTHS 3 DAYS 10 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child
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) Texas Co Mo

FATHER
13. NAME Glenn Ferguson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Texas Co Mo

MOTHER
15. MAIDEN NAME Nadean White
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dent Co Mo

17. INFORMANT (ADDRESS) Glenn Ferguson Salem Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Zinon DATE 4/8 1932

19. UNDERTAKER (ADDRESS) Carl E. Spencer

20. FILED 4/8 1933. H. E. Rudd, Mo. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 6 1932

22. I HEREBY CERTIFY, That I attended deceased from April 1, 1932 to April 6, 1932
I last saw him alive on April 6, 1932. Death is said to have occurred on the date stated above, at 7:30 P M
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pneumonia (Bronchial) | 4-4-32 |
| Other contributory causes of importance: Measles | 3-18-32 |

Name of operation Date of
What test confirmed diagnosis Usual Sign 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) W. G. Tillon, M. D.
(Address) Salem Mo.