

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.

SEP 22 1932

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

Do not use this space.

25730, 80

1. PLACE OF BIRTH

County

Township

City

Cole

Registration District No.

Primary Registration District No.

213

3014

File No.

Registered No.

St.

Ward

180

2. FULL NAME

(a) Residence, No.

(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.

Tony Ferguson

920 E Miller St. St. Ward.

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

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

Male

negro

married

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

Alpha Ferguson

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

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

about 56

OCCUPATION

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

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

Janitor

236

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

Cole Mo.

FATHER

13. NAME

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

MOTHER

15. MAIDEN NAME

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

T. J. Ferguson

don't know

don't know

don't know

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE

19. UNDERTAKER (ADDRESS)

20. FILED

Mrs. T. J. Ferguson
920 E. Miller

New City Cemetery DATE Aug 20 - 1932

F. D. Hordeman
920 E. Miller

890 / 1932 Dr. Buford Registrar

MEDICAL CERTIFICATE OF DEATH

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

Aug 6 1932

22. I HEREBY CERTIFY, That I attended deceased from

I last saw him alive on

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

Date of onset

Gunshot wound of head

Other contributory causes of importance:

Gunshot

Name of operation

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

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)

(Address)

clinical

Was there an autopsy? no

Date of injury Aug 6 1932

Jefferson City, Mo.

Specify whether injury occurred in industry, in home, or in public place.

Pistol shot

no

E. H. Hordeman, M. D.

Jefferson City, Mo.

02