

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

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.

25921
Dr. Dewey
362

1. PLACE OF DEATH
County Greene Registration District No. 318
Township _____ Primary Registration District No. 2091
City Springfield Mo. (No. Burge Hospital) St. _____ Ward _____
2. FULL NAME Mrs. Minnie E. Ferrenburg
(a) Residence, No. Urbania, Mo. St. _____ Ward _____ (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

✓ MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Rev. Geo. P. Ferrenburg
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 17-1890
7. AGE YEARS 42 MONTHS 2 DAYS 22 If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 9 - 1932
22. I HEREBY CERTIFY That I attended deceased from Aug 6 1932 to Aug 9 1932
last saw h. & alive on Aug 9 1932 Death is said to have occurred on the date stated above, at 1:00 p. m.
The principal cause of death and related causes of importance were as follows:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rolla Mo.
13. NAME James Bowen
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.
15. MAIDEN NAME Sarah Saltz
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.
17. INFORMANT Rev. Geo. P. Ferrenburg (ADDRESS) Urbania, Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Rolla Mo. DATE Aug 10 1932
19. UNDERTAKER Alma Schmechel & Son (ADDRESS) 534 St. Louis
20. FILED 8-10-1932 Ralph Ferguson Registrar

Date of onset _____
App. products acute
Other contributory causes of importance: Britanics 1/2!
Name of operation None Date of _____
What test confirmed diagnosis Heart 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 _____, 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) James E. Dewey, M. D.
(Address) Hall and Blue

OCT 16 1956