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 23 1932

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

Do not use this space.

26599

1. PLACE OF DEATH
County Lafayette — Registration District No. 460 — File No.
Township, Dover — Primary Registration District No. 5623 — Registered No. 55
City Higginsville (No. , St. Ward)

54

2. FULL NAME Thomas B 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 12, 1842

7. AGE: YEARS 90 — MONTHS 1 — DAYS 11 — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Inmate of
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Confederate Home
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) Versailles, Mo. 1

FATHER
13. NAME Bellford Ferguson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky. U.S.A. 2

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 21

17. INFORMANT (ADDRESS) D. L. Duden Higginsville Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Cem Home DATE 8/24 1932

19. UNDERTAKER (ADDRESS) A. H. Hadley Higginsville Mo

20. FILED 8-24-1932 Dr. W. A. Braecklein Registrar.

3. MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 23, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 25, 1931, to Aug. 23, 1932
I last saw him alive on Aug. 23, 1932. Death is said to have occurred on the date stated above, at 4 P m.
The principal cause of death and related causes of importance were as follows:

Arterio-Sclerosis — Date of onset
82 D
97 [signature]
102

Other contributory causes of importance: Senility & repeated attacks of Motor Paralysis

Name of operation None Date of
What test confirmed diagnosis? Clinical 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? No
If so, specify
(Signed) B. F. Bowling, M. D.
(Address) Higginsville Mo

M.H.