

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

Do not use this space.

13056

1. PLACE OF DEATH

42 County Lerry
Township Clinton
4 City Clinton (No. St. Ward)

Registration District No. 347
Primary Registration District No. 3018

File No.
Registered No. 1

2. FULL NAME

7 Frank McFerrin
(a) Residence, No. 802 N 4th St St. Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 20 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 Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Hattie McFerrin
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March - 16 - 1888
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
52 26

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

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

13. NAME John McFerrin

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Montague, Mo

15. MAIDEN NAME Hattie Lummey

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Slove from Italy

17. INFORMANT (ADDRESS) Hattie McFerrin

18. BURIAL, CREMATION, OR REMOVAL PLACE Clinton Col Cemetery DATE 4-15-33

19. UNDERTAKER (ADDRESS) Fred Weidman

20. FILED 4/15 19 33 Ed C. Teelor Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-12, 1933
22. I HEREBY CERTIFY, That I attended deceased from 4-12, 1933, to 4-12, 1933
I last saw him alive on 4-12, 1933. Death is said to have occurred on the date stated above, at 4:10^A m.
The principal cause of death and related causes of importance were as follows:

acute alcoholism Date of onset 4-12-33

Other contributory causes of importance: 75 B

Name of operation Date of
What test confirmed diagnosis? 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) H. Shubert M. D.
(Address) Clinton Mo.

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.

MAY 22 1933

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