

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

Do not use this space.

1. PLACE OF DEATH

County Jackson Registration District No. 300
 Township Law Primary Registration District No. 1002
 City Paris (No. 3314, Moulton)

File No. 16512
 Registered No. 2000 (Ward)

2. FULL NAME

Harriet Ferguson
 (a) Residence, No. 3314 Moulton 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

3. SEX W. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 17-1870

7. AGE YEARS MONTHS Days If LESS than 1 day, hrs. or min.
62 8 21

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 403 Ridge Bldg

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) Liverpool England

13. NAME Robt. G. Ferguson

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

15. MAIDEN NAME

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

17. INFORMANT Mathilde Ferguson (ADDRESS) 3314 Moulton

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Rk DATE May 10 1933

19. UNDERTAKER Eclair Funeral Home (ADDRESS) K. C. Mo

20. FILED 5-9 1933 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH Mon

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 8 1933

22. I HEREBY CERTIFY That I attended deceased from April 4 1933 to May 8 1933
 I last saw him alive on May 8 1933 Death is said to have occurred on the date stated above, at 10:50 a.m.
 The principal cause of death and related causes of importance were as follows:

Pernicious Anemia
General Weakness + Strain
 Date of onset 1 year

Other contributory causes of importance:

Name of operation Date of
 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, 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) Will W. Davis, M. D.
 (Address) 2409 E. Miss

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.

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• Dr. Welf. M. Sams 2400 Cypress Ave. 1607.