

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

Do not use this space.

26268

1. PLACE OF DEATH

44 County Holt
Township Clay
City Maitland Mo (No. 5819)

Registration District No. 371
Primary Registration District No. 4400

File No. _____
Registered No. _____
St. _____ Ward)

2. FULL NAME

Raymond Leslie Ferguson
(a) Residence, No. Burlington Junction Mo 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 W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) W
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Beatrice Boyd

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8-14-1908

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
25 6 26

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Burlington Junction Mo

13. NAME Charles F. Ferguson

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

15. MAIDEN NAME Mary Boyler

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

17. INFORMANT (ADDRESS) Mary Boyler

18. BURIAL, CREMATION, OR REMOVAL PLACE Ohio Cen DATE Sept 14, 1933

19. UNDERTAKER (ADDRESS) Campbell Funeral Home

20. FILED Aug 13, 1933 J. J. Kelly Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 12, 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 12, 1933 to Aug 12, 1933
I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at 2 P m.
The principal cause of death and related causes of importance were as follows:

Accidental Automobile Wreck
Date of onset 210M
Other contributory causes of importance: 210

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide Accidental Date of injury Aug 12, 1933
Where did injury occur? Maitland Mo
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place Public Restaurant
Manner of injury Automobile Wreck
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____
(Signed) J. J. Kelly
(Address) Crany Mo

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 26 1933

