

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

Do not use this space.

26526

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township Kaw Primary Registration District No. 1002
City Kansas City (No. St. Joseph Hospital)

File No. _____
Registered No. 3265
St. _____ Ward)

2. FULL NAME Mrs. Blanche Ferguson

(a) Residence, No. Nevada Mo. St. _____ Ward. _____
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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 Ralph Ferguson
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 23rd, 1892
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
41 6 22

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dressmaker
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) Nebr.

13. NAME Jos. Buck

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Data

15. MAIDEN NAME Ella Fosberry

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

17. INFORMANT Mrs. L. West
(ADDRESS) Kanopolis Kas.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Nevada Mo. DATE 8/16/33, 1933

19. UNDERTAKER W. F. Mayberry
(ADDRESS) City

20. FILED 8/16 1933 M. M. Crowe
Asst. Registrar.

4 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 15th. 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug. 13, 1933, to Aug. 15, 1933
I last saw her alive on Aug. 15, 1933. Death is said to have occurred on the date stated above, at 7 PM a.m.
The principal cause of death and related causes of importance were as follows:

acute peritonitis
548
1348
129
159
Date of onset

Other contributory causes of importance:
tubovarian abscess
fibroid tumors of uterus
non-malignant

Name of operation hysterectomy Date of Aug. 15, 1933
What test confirmed diagnosis? autopsy Was there an autopsy? yes

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) Albert S. Welch, M. D.
(Address) 835 Riado Bldg.

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 26 1933

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W. S. Hall
Route 100
Mar 1929