

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.

MAR 24 1934

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

Do not use this space.

7348

1. PLACE OF DEATH

County St. Louis  
Township Carondelet  
City St. Louis (No.         )

Registration District No. 1123  
Primary Registration District No. 6748 B  
Rich Hospital

File No.           
Registered No. 60  
St.          Ward         

2. FULL NAME Harry Ferguson

(a) Residence, No. 6246 W. Vermilion St., 24 Ward.  
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 8 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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 19-1902

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>31</u>	<u>-</u>	<u>3</u>	<u>6</u>	<u>        </u>

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. clerk  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. store  
10. Date deceased last worked at this occupation (month and year) 1-6-32 11. Total time (years) spent in this occupation 5

12. BIRTHPLACE (CITY OR TOWN) Brunelle (STATE OR COUNTRY) Ill.

13. NAME John Ferguson

14. BIRTHPLACE (CITY OR TOWN) Scottland (STATE OR COUNTRY)         

15. MAIDEN NAME Elizabeth Clark

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

17. INFORMANT Mrs. E. Ferguson (ADDRESS) Bened, Ill.

18. BURIAL, CREMATION, OR REMOVAL PLACE Bened of Ill. DATE 2/26/34

19. UNDERTAKER Apron (ADDRESS) Bened of Ill.

20. FILED 2/26, 1934 D. H. Tate Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 25, 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 15, 1934, to Feb 25, 1934

I last saw him alive on Feb 25, 1934. Death is said to have occurred on the date stated above, at 7:30 a.m.  
The principal cause of death and related causes of importance were as follows:

Pericarditis  
with Effusion

Date of onset 2/15/34

Other contributory causes of importance arteriosclerosis  
pulmonary

Name of operation          Date of           
What test confirmed diagnosis? X-Ray 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) W. K. Hampton, M. D.  
(Address) 1204 E. Hampton

Harms