

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 25 1934

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

Do not use this space.

11846

PLACE OF DEATH

County Barry
Township Liberty
City Clinton

Registration District No. 34
Primary Registration District No. 50.50

File No. _____
Registered No. 8
St. _____ Ward _____

2. FULL NAME

Elizabeth Ferguson

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 14 yrs. mos. _____ ds. _____ How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds. _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 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 H. A. Ferguson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec-22-1862

7. AGE YEARS 71 MONTHS 4 DAYS 6 If LESS than 1 day, _____ hrs. or _____ min.

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

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) Clinton (STATE OR COUNTRY) Mo.

13. NAME George W. Poindexter

14. BIRTHPLACE (CITY OR TOWN) Tenn (STATE OR COUNTRY) _____

15. MAIDEN NAME Clarissa Smith

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

17. INFORMANT T. P. Ferguson (ADDRESS) EXETER-MO

18. BURIAL, CREMATION, OR REMOVAL PLACE Mosho, Mo DATE 5-1- 1934

19. UNDERTAKER Barrett & Sons (ADDRESS) EXETER-MO

20. FILED April 30 1934 Mrs. H. P. Sealey Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 28 1934

22. I HEREBY CERTIFY, that I attended deceased from 3-21 1934, to 4-28 1934

I last saw him alive on last 4-16 1934 Death is said

to have occurred on the date stated above, at 9:10 pm

The principal cause of death and related causes of importance were as follows:

I don't know
Disease of heart
with general anoxia

Other contributory causes of importance:

9580 15 6 2

Name of operation _____ Date of _____

What test confirmed diagnosis? none 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) W. H. Sealey M. D.

(Address) Exeter Mo

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