MAY 25 1934

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

Do not use this space.

File No. 12454

Registered No. 24

1. PLACE OF DEATH
County Dunklin
Township
City Malden (No. , St. Ward)

Registration District No. 289
Primary Registration District No. 4173

2. FULL NAME David Joshua Ferguson

(a) Residence, No. St., 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: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mch. 18-1866

7. AGE: Years 68 | Months 0 | Days 27 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Jeweler
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) Ramer Tenn.

FATHER
13. NAME Joshua Ferguson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

MOTHER
15. MAIDEN NAME Davis
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

17. INFORMANT Mrs. D. J. Ferguson
(ADDRESS) Malden Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Malden Mo DATE 4-16 1934

19. UNDERTAKER W. L. Craig
(ADDRESS) Malden Mo

20. FILED 4-16 1934 S. E. Mitchell
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 15 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 4th 1933, to April 15 1934
I last saw him alive on April 15 1934. Death is said to have occurred on the date stated above at 3:30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	1933
Edema of Lungs	4/14/34

Other contributory causes of importance:

Name of operation None Date of ✓
What test confirmed diagnosis? Clinical 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) S. E. Mitchell, M. D.
(Address) Malden 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.

S.E.M.