

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

Do not use this space.

1. PLACE OF DEATH

County St. Louis  
Township Boonville  
City Manchester

Registration District No. 775  
Primary Registration District No. 6033A  
(No. Manchester Nursing Home)

File No. 17936  
Registered No. 133  
St. \_\_\_\_\_ Ward)

2. FULL NAME

(a) Residence, No. Louis Clark Ferguson - Route # 2 Ward 2

(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 <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Unknown</u>		
7. AGE <u>abt 65 yrs</u>	YEARS	MONTHS
		DAYS
	If LESS than 1 day, ..... hrs. or ..... min.	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>laborer</u>
	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) <u>1933</u>
	11. Total time (years) spent in this occupation <u>30 yrs</u>

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis mo

13. NAME Louis Clark

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

15. MAIDEN NAME unknown

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

17. INFORMANT (ADDRESS) C. E. Clark Ferguson mo # 2

18. BURIAL, CREMATION, OR REMOVAL PLACE Free Free Cem DATE May 6 1934

19. UNDERTAKER (ADDRESS) Baumann Bros and Co Inc 2504 W. end of 8th street St Louis

20. FILED May 3 1934 Rott J Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 3 1934

22. I HEREBY CERTIFY, That I attended deceased from May 10 1933, to May 3 1934

I last saw him alive on May 2 1934 Death is said to have occurred on the date stated above, at 6:30 a.m.

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

Broncho-pneumonia

820  
107A

82A

Date of onset

Other contributory causes of importance:

Hemiplegia (cerebral)

Name of operation none Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ 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? \_\_\_\_\_

If so, specify \_\_\_\_\_

(Signed) B. P. Loving; M. D.

(Address) Ballwin, 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.

JUN 26 1934

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