

OCT 23 1934

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

Do not use this space.

1. PLACE OF DEATH

County Buchanan

Registration District No.

Township

Primary Registration District No.

City St Joseph

(No.)

Dr. Pierce Hosp.

St. Ward)

File No. 32030Registered No. 1076

2. FULL NAME

Evelyn Ferguson

(a) Residence, No.

St.,

Ward.

Fairport Mo

(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

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

Child

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

May 25-1933

7. AGE

YEARS

1

MONTHS

3

DAYS

24

If LESS than 1 day, hrs. or min.

OCCUPATION

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

at Home

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)

FairportMo

FATHER

13. NAME

Gerry Ferguson

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

Gentry Co. Mo

MOTHER

15. MAIDEN NAME

Frieda Law

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

FairportMo

17. INFORMANT (ADDRESS)

Gerry Ferguson
Fairport, Mo

18. BURIAL, CREMATION, OR REMOVAL

Fairport Mo

DATE

9/20-34

19. UNDERTAKER (ADDRESS)

Heaton Be Gole & Bowman
St Joseph Mo

20. FILED

9-20-34

19

34

19

34

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 19, 1934

22. I HEREBY CERTIFY, That I attended deceased from

Sept 18, 1934, to Sept 19, 1934I last saw her alive on Sept 19, 1934. Death is saidto have occurred on the date stated above, at 9:00 A.M.

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

Acute Bacillary Dysentery Date of onset

Other contributory causes of importance

Auto-intoxication & dehydrationName of operation Date of NoWhat test confirmed diagnosis? Phys findings 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) T. O. Pierce(Address) 801 1/2 Francis

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.

