MAR 4 1935

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

Do not use this space.

4132

File No. .....

Registered No. 28

1. PLACE OF DEATH

County: Vernon — Registration District No.: 875

Township: ~~Center~~ — Primary Registration District No.: 3039

City: Nevada (No. ..... St. ..... Ward)

2. FULL NAME: Ferguson John A.

(a) Residence, No. ..... S. Wash St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. COLOR OR RACE: W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 9-18-1867

7. AGE: Years 67 — Months 4 — Days 9 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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): U.S.

FATHER

13. NAME: Ferguson

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

MOTHER

15. MAIDEN NAME: Unknown

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

17. INFORMANT: Mrs Henry S. Mazer
(ADDRESS) S. Ash. Nevada Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Deepwood Cem. DATE 1-29 1935

19. UNDERTAKER: Allen & Hays
(ADDRESS) Nevada Mo.

20. FILED Jan 31, 1935 M. Eichinger, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Jan 27th, 1935

22. I HEREBY CERTIFY, That I attended deceased from July 30th, 1934 to Jan 26th, 1935
I last saw him alive on Jan 26th, 1935. Death is said to have occurred on the date stated above, at 5 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	7-2034
Complicated by Acute Uremia	

Other contributory causes of importance: —

Name of operation: None Date of: —
What test confirmed diagnosis? Chem. 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) J. W. Amerman, M. D.
(Address) Nevada Mo.

108
35
7
181
82
83
83
83

NOTE: 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.