

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

Do not use this space.

9631-1

JUN 24 1935

1. PLACE OF DEATH

59 County Laclede Registration District No. 448
Township _____ Primary Registration District No. 5608
City Conway (No. 4266 St. _____ Ward _____)

File No. _____
Registered No. 72

2. FULL NAME Mary P. Ferris

(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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 12 1878

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
56 4 22

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

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) _____

13. NAME Jordan Ferris

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Osage Co Mo

15. MAIDEN NAME Nancy Johnson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Osage Co Mo

17. INFORMANT Deas Ferris (ADDRESS) Conway mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Graceland DATE 3/6 35

19. UNDERTAKER W. E. Helman (ADDRESS) Liverson

20. FILED June 7 1935 Ana Montgomery Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/4 1935

22. I HEREBY CERTIFY, That I attended deceased from 5-20, 1934, to 3-4, 1935

I last saw him alive on 3-4, 1935. Death is said to have occurred on the date stated above, at 4:10 P.M.

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

Chronic Valvular Heart Disease Date of onset _____

Other contributory causes of importance: _____

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? no
If so, specify _____
(Signed) D. C. Burage, M. D.
(Address) Conway mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

