WRITE PLAINLY, 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.

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

Do not use this space.

11627

APR 2 1935

1. PLACE OF DEATH
County Stoddard — Registration District No. 837 — File No.
Township Castor — Primary Registration District No. 6099 — Registered No.
City (No. , St. Ward)

2. FULL NAME S. J. McFerron
(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 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 Sarah M. McFerron
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12-1-1850
7. AGE YEARS 84 MONTHS 3 DAYS 3 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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) Scot Co. Mo.

FATHER
13. NAME Columbus McFerron
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Scot Co. Mo.

MOTHER
15. MAIDEN NAME Nicy Jane Kennison
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT (ADDRESS) Ralph McFerron Bloomfield R#2
18. BURIAL, CREMATION, OR REMOVAL
PLACE Antioch Cem. DATE 3-5 1935
19. UNDERTAKER (ADDRESS) Chiles undertaking Co Bloomfield Mo.
20. FILED Mch 10 1935 Edw Ford 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 Mch 1 1935 to Mch 4 1935
I last saw him alive on Mch 3 1935 Death is said to have occurred on the date stated above, at 2:45 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	P.K.

Other contributory causes of importance: None

Name of operation 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) Edward Ford, M. D.
(Address) Bloomfield Mo.