

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.

MAY 31 1935

**1. PLACE OF DEATH**

County Monroe Registration District No. 581 File No. 13658  
 Township Sumner Primary Registration District No. 4843 Registered No. 21  
 City Monroe City (No. ....) St. .... Ward (No. ....)

**2. FULL NAME**

Cecil Ray Ferguson  
 (a) Residence, No. .... St. .... Ward. .... (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>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Wiss Ferguson</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 27-1891</u>		
7. AGE YEARS <u>44</u>	MONTHS <u>2</u>	DAYS <u>7</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Traveling Salesman</u>		If LESS than 1 day, .... hrs. or .... min.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Sawyer-Biscuit Co</u>		10. Date deceased last worked at this occupation (month and year) <u>Apr. 2-35</u>
11. Total time (years) spent in this occupation		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Adair Co Missouri</u>		
13. NAME <u>M. R. Ferguson</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Wenton Co Iowa</u>		
15. MAIDEN NAME <u>Mary A. Drake</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Adair Co Mo.</u>		
17. INFORMANT (ADDRESS) <u>Fred H. Ferguson</u> <u>Kennett Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL <u>Kennett Mo</u> DATE <u>April 3rd 1935</u>		
19. UNDERTAKER (ADDRESS) <u>Lee Riley</u> <u>Kennett Mo.</u>		
20. FILED <u>4/30</u> 1935 <u>O. W. Wilson</u> Registrar		

**MEDICAL CERTIFICATE OF DEATH**

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

22. I HEREBY CERTIFY, That I attended deceased from April 3, 1935, to April 3, 1935.  
 I last saw him alive on April 3, 1935. Death is said to have occurred on the date stated above, at 1 P. m.  
 The principal cause of death and related causes of importance were as follows:  
Angina Pectoris  
 Date of onset April 3rd 1935

Other contributory causes of importance:  
Arteriosclerosis of heart 5 months standing

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) J. D. Colby M. D.  
 (Address) Monroe City Mo.

