

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.

**OCT 17 1935**

**1. PLACE OF DEATH**

County Buchanan Registration District No. 85  
 Townshp. \_\_\_\_\_ Primary Registration District No. 1001  
 City St. Joseph (No. Hester Hospital)

File No. 28780  
 Registered No. 97  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. 412 Hickory 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. 6 mos. \_\_\_\_\_ ds. How long in U. S., if of foreign birth? yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>M</u>	4. COLOR OR RACE <u>W</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>Libbie</u>			
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 12th 18</u>			
7. AGE	YEARS <u>52</u>	MONTHS <u>4</u>	
	DAYS <u>3</u>	IF LESS than 1 day, _____ hrs. or _____ min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Forner</u>	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>Unknown Ark. Mo.</u>		
MOTHER FATHER	13. NAME <u>Jas. G. Ferguson</u>		
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown Mo. Conn.</u>		
	15. MAIDEN NAME <u>Julia Murphy</u>		
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Miss.</u>		
17. INFORMANT (ADDRESS) <u>Libbie Ferguson 412 Hickory</u>			
18. BURIAL, CREMATION, OR REMOVAL	PLACE <u>City Cemetery</u>	DATE <u>Sept 24 1935</u>	
19. UNDERTAKER (ADDRESS) <u>J. H. Blinn 34 Joseph</u>			
20. FILED <u>9-23-35</u>	<u>John R. Bender Registrar</u>		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 20 1935

22. HEREBY CERTIFY, that I attended deceased from Sept 14 1935 to Sept 20 1935  
 I last saw him alive on Sept 19 1935. Death is said to have occurred on the date stated above, at 1:30 p.m.  
 The principal cause of death and related causes of importance were as follows:  
Cerebral Hemorrhage Sept 17/35  
Pneumo Pneumonia Sept 16/35  
 Other contributory causes of importance:  
Arterio Sclerosis general Tubercular

Name of operation None 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) Charles A. Guad, M. D.  
 (Address) St. Joseph Mo

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UNITED STATES DEPARTMENT OF JUSTICE

MEMORANDUM FOR THE ATTORNEY GENERAL

TO: SAC, NEW YORK (100-100000)

FROM: SAC, NEW YORK (100-100000)

SUBJECT: [Illegible]

RE: [Illegible]

DATE: [Illegible]

BY: [Illegible]

1. [Illegible]

2. [Illegible]

3. [Illegible]

4. [Illegible]

100-100000-5  
6-29-54