

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

Do not use this space.

29009-2

JAN 25 1936

1. PLACE OF DEATH

County Ozark Registration District No. 184
 Township Franklin Primary Registration District No. 4110
 City Ozark Mo (No. _____) St. _____ Ward _____

2. FULL NAME

Jack Fergoy
 (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 Male **4. COLOR OR RACE** White **5. SINGLE, MARRIED, WIDOWED, OR DIVORCED** (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Callie Fergoy
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 12 - 1852
7. AGE YEARS 83 MONTHS 5 DAYS 27 If LESS than 1 day, _____ hrs. or _____ min.
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) Missouri

13. NAME No record

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No record

15. MAIDEN NAME No record

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No record

17. INFORMANT Callie Fergoy
 (ADDRESS) Ozark Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Prosperity DATE Sept 11 1935

19. UNDERTAKER B. C. K. Leffer
 (ADDRESS) Ozark Mo.

20. FILED Dec. 20 1935 Loretta Leonard
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 9 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 1935, to Sept 9 1935
 I last saw him alive on Sept 5 1935. Death is said to have occurred on the date stated above, at 2:12 a.m.
 The principal cause of death and related causes of importance were as follows:

arteriosclerosis with mycardial infarction

Other contributory causes of importance: _____

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

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? _____
 If so, specify _____

(Signed) R. R. Farthing, M. D.
 (Address) Ozark Mo.

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.

