

OCT 28 1935

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

Do not use this space.

30383

## 1. PLACE OF DEATH

County

Township

City

(No. ....)

Registration District No.

Primary Registration District No.

File No.

Registered No.

St.

Ward)

## 2. FULL NAME

(a) Residence, No.

(Usual place of abode)

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

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

male

white

married

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

Margaret Kozgay

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

April 30, 1862

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, ..... hrs. or ..... min.

73

3

0

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)

Polk Co. Mo.

13. NAME

John H. Fergrey

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Tenn.

15. MAIDEN NAME

Matella Homes

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Tenn.

17. INFORMANT (ADDRESS)

Frank Troyer  
Clerk of

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Salmon

DATE

Sept 20, 1935

19. UNDERTAKER (ADDRESS)

Hutchison + Blue  
Columbus, Mo.

20. FILED

Sept 20, 1935

J. R. Roberts

Registrar.

## MEDICAL CERTIFICATE OF DEATH

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

Sept 30, 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 24, 1935, to Sept 27, 1935

I last saw him alive on Sept 27, 1935. Death is said to have occurred on the date stated above, at 11:45 a.m.

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

Acute Nephritis of kidneys  
Carotid thrombosis

Date of onset

Other contributory causes of importance:

Nephritis as a result of  
cardiac insufficiency  
systemic

Name of operation

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) W. D. Shivers, M. D.

(Address) Nashville, Tenn.

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.

144 - 100

U.S.

100

100