

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.

FEB 20 1936

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

Do not use this space.

1327

1. PLACE OF DEATH

County Jackson  
Township J. R. No. 1  
City J. C.

Registration District No. 399  
Primary Registration District No. 1002  
(No. 3314 Moulton)

File No. ....  
Registered No. 130  
St. .... Ward

2. FULL NAME

(a) Residence, No. 3314 Moulton St. Ward J. C.  
(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 Fe 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 19-1920

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
15 10 21

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none  
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) Kansas City, Mo.

13. NAME Clarence L. Ferguson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) J. C., Mo.

15. MAIDEN NAME Royza Thomas

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri, U. S.

17. INFORMANT Clarence L. Ferguson

(ADDRESS) 3314 Moulton

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park DATE Jan 13 1936

19. UNDERTAKER Cyler Funeral Home

(ADDRESS) J. C., Mo.

20. FILED Jan 12 1936 J. M. M. Crow Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 10 1936

22. I HEREBY CERTIFY that I attended deceased from Nov 15 1935 to Jan 10 1936  
I last saw her alive on Jan 10 1936. Death is said

to have occurred on the date stated above, at 3 P. m.  
The principal cause of death and related causes of importance were as follows:

Pneumonia (primary) Date of onset ?

Other contributory causes of importance:  
He. culture - Clinica Val. Lear Disease

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) D. DeLeonard, M. D.  
(Address) 4800 E. 2nd St.

