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.

MAY 22 1936

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

Do not use this space.

15829

1. PLACE OF DEATH

County Lawrence — Registration District No. 467 — File No.

Township Aurora — Primary Registration District No. 4280 — Registered No. 29

City Aurora (No. 33 West St Louis St. Ward)

2. FULL NAME George Adam Ferguson

(a) Residence, No. 33 West St Louis St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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: Manda Ferguson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct. 31-1873

7. AGE: YEARS 62 — MONTHS 5 — DAYS 1 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Minister
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Retired
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

FATHER

13. NAME: Wm Ferguson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tennessee

MOTHER

15. MAIDEN NAME: Not Known
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tennessee

17. INFORMANT (ADDRESS): Mrs Manda Ferguson, Aurora Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Aurora Mo. DATE April 2 1936

19. UNDERTAKER (ADDRESS): King Funeral Home, Aurora Mo.

20. FILED 4-1 1936 R. D. Cowan, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): April 1 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb. 2 1935, to Apr 1 1936
I last saw him alive on Jan. 10, 1936 Death is said to have occurred on the date stated above, at 3.30 A.M.
The principal cause of death and related causes of importance were as follows:

Cancer of Prostate — Date of onset

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Other contributory causes of importance:

Name of operation: [illegible] 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 W Smart, M. D.
(Address) Aurora Mo