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.

APR 21 1936

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

Do not use this space.

16948

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

File No. ..... Registered No. 3699

City St. Louis, (No. 1914 A, Penn Str. St. ..... Ward)

2. FULL NAME James Fergus

(a) Residence, No. 1914 Penn Str. St., 23 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	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 Agnes Fergus

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 9, 1872

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	64	0	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Supply Man

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Box Factory

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation 8

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pennsylvania

FATHER

13. NAME Thomas Fergus

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

MOTHER

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Agnes Fergus 1914 Penn Str.

18. BURIAL, CREMATION, OR REMOVAL PLACE Missouri Crematory DATE April, 6. 1936

19. UNDERTAKER (ADDRESS) Wm. C. Mondell 1926 Allen Ave.

20. FILED APR 6 1936 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April. 3, 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug. 10th, 1934 to April 3rd, 1936

I last saw him alive on April 3rd, 1936. Death is said to have occurred on the date stated above, at 12.35 A.M.

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

Carcinoma of Rectum with metastasis

Date of onset 8/10/34

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Laboratory 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) [signature], M.D.

(Address) 3548 S Grand Blvd