

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

Do not use this space.

JUL 21 1936

22879

1. PLACE OF DEATH

County JACKSON Registration District No. 399
Township RAW Primary Registration District No. 1002
City KANSAS CITY (No. LAKESIDE HOSPITAL St. 2810 Ward)

2. FULL NAME

MISS MARY ELIZABETH FERGUSON

(a) Residence, No. 5005 CHESTNUT 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 FEMALE 4. COLOR OR RACE WHITE 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) JULY 28 1918

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
17 10 11

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. K. C. Jr. College
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) Springfield Mo

FATHER 13. NAME John L. FERGUSON

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

MOTHER 15. MAIDEN NAME Mary Oldfield

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

17. INFORMANT (ADDRESS) MR. J. L. FERGUSON
5005 CHESTNUT AVE

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial PK DATE June 11 1936

19. UNDERTAKER (ADDRESS) D. W. NEWCOMER'S SONS
KANSAS CITY, MISSOURI

20. FILED 10 1936 M. M. Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JUNE 9 1936

22. I HEREBY CERTIFY, That I attended deceased from June 5 1936 to June 9 1936
I last saw her alive on June 9 1936. Death is said to have occurred on the date stated above, at 5:55 p.m.

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

Septic Peritonitis Date of onset June 7/36

Other contributory causes of importance:
Acute Suppurative Appendicitis June 7/36

Name of operation Appendectomy Date of operation June 5/36
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?
If so, specify None M. D.
(Signed) George J. Conroy
(Address) 288 1/2 Penn Ave Kc Mo

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.

Lakeside Hospital

8:30-10