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.

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

SEP 23 1936

Do not use this space.

30750

1. PLACE OF DEATH
County Howell
Township Sisson
City ..... (No. ....., ... St. ..... Ward)

Registration District No. 388
Primary Registration District No. 5542

File No. .....
Registered No. 10

2. FULL NAME Hester Arretta Ferguson
(a) Residence, No. Peace Valley, Mo. St., ... Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 20 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): Widowed.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan. 8, 1852

7. AGE: 84 YEARS, 7 MONTHS, 2 DAYS. If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
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): Iowa.

FATHER
13. NAME: L. J. Matthews.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Iowa.

MOTHER
15. MAIDEN NAME: Catherine R. Moore.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown.

17. INFORMANT (ADDRESS): Mrs. Faye Dryer. Peace Valley, Mo.

18. BURIAL, CREMATION, OR REMOVAL: New. Hope Cem.
PLACE Peace Valley, Mo. DATE Aug. 12, 1936

19. UNDERTAKER (ADDRESS): Hal Thornburgh West Plains, Mo.

20. FILED ....., 19.... D P Lynch Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from 8-8-, 1936, to 8-10-, 1936
I last saw her alive on 8-8-, 1936. Death is said to have occurred on the date stated above, at 8-10 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	8-8-36
Right hemiplegia	

Other contributory causes of importance:
General Arteriosclerosis

Name of operation ..... Date of .....
What test confirmed diagnosis? Exam 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) Eli Bohrer, M. D.
(Address) West Plains, Mo.