

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

Do not use this space.

34757

OCT 21 1936

1. PLACE OF DEATH

County Jasper Registration District No. 411 File No. _____
 Township _____ Primary Registration District No. St Johns Register No. _____
 City Johnston (No. _____) St. St Johns Hospital Ward _____

2. FULL NAME

Mrs. Hazel Ferguson
 (a) Residence, No. 315 N. May St. _____ Ward _____
 (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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 31, 1903

7. AGE YEARS 32 MONTHS 8 DAYS 20 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. house duties

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

MOTHER 13. NAME Doan Brown

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

15. MAIDEN NAME Martha M. Weyman

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Chanute, Kansas

17. INFORMANT (ADDRESS) Martha J. Weyman, Jasper, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Park DATE 9-22-36

19. UNDERTAKER (ADDRESS) Wm. L. and Co., Jasper, Mo.

20. FILED 9-22-36 Ed. D. Jones Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 20, 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 21, 1936 to Sept 21, 1936.
 I last saw deceased on Sept 21, 1936. Death is said to have occurred on the date stated above, at 12:25 m.

The principal cause of death and related causes of importance were as follows:
Paralytic dysentery
Center of infection
hemorrhage of brain

Other contributory causes of importance:
Basilar Fract. P. S.

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? no Date of injury _____

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 fall from sidewalk

Nature of injury fracture of skull

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) W. J. Bryan, M. D.
 (Address) _____

MARGIN RESERVED FOR BINDING

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.

SEP 9 1957