NOV 28 1936

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

Do not use this space.

37997

File No.
Registered No. 82

1. PLACE OF DEATH

County: Jackson — Registration District No. 404
Township: Washington — Primary Registration District No. 5558
City: Kansas City (No. , St. Ward)

2. FULL NAME Andrew B. Ferguson

(a) Residence, No. 8531 Woodland St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 15 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	Wh.	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Hannie E. Ferguson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 11th. 1859

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
77	1	10	

OCCUPATION

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

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) Meadow, Tenn

FATHER

13. NAME Not known

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

MOTHER

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS) Hayden A. Ferguson, 3428 Highland

18. BURIAL, CREMATION, OR REMOVAL
PLACE Floral Hills DATE 10-23-1936

19. UNDERTAKER (ADDRESS) Bentley Montague, 5811 Troost Ave.

20. FILED Oct. 22, 1936 Fred R. Lindsley Reg. - Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-21-36, 19

22. I HEREBY CERTIFY, That I attended deceased from Aug 6, 1936, to Oct. 21, 1936. Last saw h. alive on Oct. 16, 1936. Death is said to have occurred on the date stated above, at m.

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

	Date of onset
Cerebral Hemorrhage	
Chronic nephritis	

Other contributory causes of importance

Name of operation Date of
What test confirmed diagnosis? 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
(Signed) Lyle Fowler, M. D.
(Address) 80 E. Pasco

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

V. S. No. 2 100M-1-20-36 X7044