

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

Do not use this space.

JAN 20 1937

45107

1. PLACE OF DEATH

County Jackson Co. Home Registration District No. 400
 Township Prairie Primary Registration District No. 5553 B
 City J. C. Home (No. J. C. Home) St. Ward

File No.
 Registered No. 298

2. FULL NAME

Chas. Michael Ferris

(a) Residence, No. St. 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-17- 1936

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Single

22. I HEREBY CERTIFY, That I attended deceased from 12-15, 1936, to 12-17, 1936

I last saw him alive on 12-17- 1936 Death is said

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 5 1879

to have occurred on the date stated above, at 10.2.36

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 1 57 6 13

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

pt. Lobar pneumonia (Date of onset)

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

Other contributory causes of importance:

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

13. NAME Unknown

Name of operation Date of

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

What test confirmed diagnosis clinical Was there an autopsy? No

15. MAIDEN NAME Unknown

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

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

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT (ADDRESS) Ernest Jackson

Manner of injury

Nature of injury

18. BURIAL, CREMATION, OR REMOVAL PLACE A. C. School Bldg DATE Dec 17 1936

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

19. UNDERTAKER (ADDRESS) Hesterlin 1162 Mo

(Signed) J. W. Green M. D.

20. FILED 12/18 36 William J. Field Registrar.

(Address) Independence 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.

