

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.

FEB 23 1937

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

Do not use this space.

4699

1. PLACE OF DEATH

County Vernon Registration District No. 875
Township Neveda Primary Registration District No. 3039
City Neveda (No. 2) St. _____ Ward _____

File No. _____
Registered No. 15

2. FULL NAME

Edward Ferguson
(a) Residence, No. 618 E. Hickory St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred 35 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (with the word) Widower

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10-26-1886

7. AGE YEARS 50 MONTHS 2 DAYS 20 IF LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as _____ sawyer, bookkeeper, etc. Firewood Brakeman
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) Montrose Mo

13. NAME Thomas Ferguson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known Mo

15. MAIDEN NAME Not known

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Springfield Mo

17. INFORMANT (ADDRESS) Mrs Ralph D. Dushkin West of Mo

18. BURIAL, CREMATION, OR REMOVAL Deerpwood Cem Int Int 17 1937

19. UNDERTAKER (ADDRESS) Ferry Funeral Home Neveda Mo

20. FILED 7-25-37 M. C. Eisinger Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 16 1937

I HEREBY CERTIFY That I attended deceased from Jan 14, 1937, to Jan 16, 1937

I last saw him alive on Jan 25 1937. Death is said to have occurred on the date stated above, 12 21 m.

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

Spinal Cord Sclerosis Date of onset _____

Other contributory causes of importance Unknown

Name of operation _____ Date of _____

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

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) J. M. Hunter, M. D.

(Address) Neveda Mo

