

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

Do not use this space.

MAR 13 1937

1. PLACE OF DEATH

County Linn

Registration District No. 399

Township Linn

Primary Registration District No. 1002

City Danvers City (No. 200)

File No. 6524
Registered No. 6524
St. 1 Ward 1

2. FULL NAME

(a) Residence, No. 2316 Quinnette Ward.

Length of residence in city or town where death occurred 12 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-27-1888

7. AGE YEARS 49 MONTHS 11 DAYS 10 If LESS than 1 day,hrs. ormin.

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

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) Jax

13. NAME Wm Ferguson

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

15. MAIDEN NAME Betha Helms

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

17. INFORMANT (ADDRESS) De Wad Clark

18. BURIAL, CREMATION, OR REMOVAL PLACE Funeral Home DATE 2-70 1937

19. UNDERTAKER (ADDRESS) H. Ferguson

20. FILED 2/19 1937 M.M. Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-17, 1937

22. I HEREBY CERTIFY, That I attended deceased from 2-6 1937 to 2-17, 1937

I last saw him alive on 2-7, 1937 Death is said to have occurred on the date stated above, at 11:25 AM

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

Abscess of Lung
Bilateral Bronchi-
pneumonia
(Non tuberculous)

Date of onset

Other contributory causes of importance:

Name of operation 1072 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?..... 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) P. F. De Marion, M. D.
(Address) 2316 Quinnette

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.

