

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

Do not use this space.  
*Ch. 5020*  
*19048*

**JUN 12 1937**

1. PLACE OF DEATH  
 County *Jackson* Registration District No. *399*  
 Township *New* Primary Registration District No. *1002*  
 City *X 6 Mo* *Research Hospital* St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME *Joseph Garland Ferguson*  
 (a) Residence, No. *Pleasant Hill Mo.* St. \_\_\_\_\_ Ward. \_\_\_\_\_  
 (Usual place of abode)  
 Length of residence in city or town where death occurred yrs. mos. *3* ds. How long in U. S., if of foreign birth? yrs. mos. ds.

File No. \_\_\_\_\_  
 Registered No. *5055*  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**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.*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *July 19, 1915*

7. AGE YEARS *21* MONTHS *9 mo* DAYS *28* If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Greenhouse*

10. Date deceased last worked at this occupation (month and year) *May 19 37* 11. Total time (years) spent in this occupation *1 yr.*

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Pleasant Hill Mo.*

MOTHER FATHER 13. NAME *Lavale B. Ferguson*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Lebanon Virginia*

15. MAIDEN NAME *Blanche Siegler.*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Harrisonville Missouri*

17. INFORMANT *Edward E. Siegler* (ADDRESS) *5825 Jackson R.C. Mo.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Pleasant Hill* DATE *May 19 37*

19. UNDERTAKER *Brown & Co.* (ADDRESS) *Research Hospital*

20. FILE *May 17, 1937 M. M. Brown* Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *5/17 1937.*

22. I HEREBY CERTIFY, That I attended deceased from *5/17* 19. *37* to *5/17* 19. *37*

I last saw him alive on *5/17* 19. *37* Death is said to have occurred on the date stated above, at *11:40 p.m.*

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

*Acute Epidemic Meningitis (meningococcus)* Date of onset \_\_\_\_\_

Other contributory causes of importance: *18*

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? *C.S.F.* 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) *George K. Campbell*, M. D.  
 (Address) *6047 E 15th St Kansas City, Mo.*

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

