

JUN 22 1937

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

Do not use this space.

1. PLACE OF DEATH

49 County Jasper Registration District No. 411 File No. 20376
Township Joplin Primary Registration District No. 2092 Registered No. 11
City Joplin (No. Freeman Hospital Ward)

2. FULL NAME

John Ferguson
(a) Residence, No. 1202 Joplin St., Ward. 1
(Usual place of abode)

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 W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) no record

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 12 1937

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

22. I HEREBY CERTIFY, That I attended deceased from 5-12 1937 to 5-12 37

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 31-1867

I last saw him dead May 12 - 1937. Death is said to have occurred on the date stated above, at Joplin, Mo. May 12/37

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 69 4 12

The principal cause of death and related causes of importance were as follows:
Automobile Accident Date of onset

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. WPA
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. worker
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

Other contributory causes of importance:
(Pedestrian, walking across street)

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

Name of operation g10M Date of _____

MOTHER 13. NAME Record

What test confirmed diagnosis? _____ Was there an autopsy yes

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Record

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? accident Date of injury 5/11/37, 1937
Where did injury occur? Joplin, Mo. (Specify city or town, county, and State)

15. MAIDEN NAME Record

Specify whether injury occurred in industry, in home, or in public place.
an street - Joplin
Manner of injury acc. hit
Nature of injury Automobile accident

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

17. INFORMANT Harvey Speake (ADDRESS) Joplin Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Lawrence DATE 5/15-37

19. UNDERTAKER Hubert Lund Co (ADDRESS) Joplin Mo.

20. FILED 5-15-37 1937 Ed P. James Registrar.

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____

(Signed) R. J. Winchester, M. D.
(Address) Joplin, 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.

