

AUG 20 1937

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

Do not use this space.

1. PLACE OF DEATH

County Cole ²¹Registration District No. 213

Township

Primary Registration District No. 3.014City Jefferson City (No.)File No. 27030
Registered No. 207 Ward2. FULL NAME Geary F. Ferguson(a) Residence, No. 810 E. Elm 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

3. SEX male 4. COLOR OR RACE negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (writes the word) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 8, 19187. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
19 3 28

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

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) Callaway Co13. NAME Mitchell Ferguson14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Callaway Co15. MAIDEN NAME Lillian Albert16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Callaway Co17. INFORMANT Mitchell Ferguson (ADDRESS) 813 E. Elm18. BURIAL, CREMATION, OR REMOVAL PLACE mt funeral DATE July 8 193719. UNDERTAKER L. D. Hardiman (ADDRESS) 9 C. Main20. FILED 7/21/37 W. B. Spalding Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/5, 193722. I HEREBY CERTIFY, That I attended deceased from April 5, 1937 to July 5, 1937I last saw him alive on July 10, 1937 Death is said to have occurred on the date stated above, at 10 am.

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

Cirrhosis of liver Date of onset

Other contributory causes of importance:

Tapeworm 2481Name of operation none Date ofWhat test confirmed diagnosis clinical 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) L. S. Dargle, M. D.(Address) Jefferson City

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.

