

SEP 22 1937

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

Do not use this space.

31437  
238

1. PLACE OF DEATH

County Patterson

Registration District No. 668

Township

Primary Registration District No. 3032

City Sedalia

(No. 412 W 6<sup>th</sup>)

File No. 278

Registered No. 668

St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Milton Alexander Ferguson

(a) Residence, No. 412 W 6<sup>th</sup> St. \_\_\_\_\_ Ward \_\_\_\_\_

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 13 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 white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 3, 1937

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

22. I HEREBY CERTIFY, That I attended deceased from June 15, 1937, to Aug 3, 1937

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 1, 1880

I last saw him alive on Aug 1, 1937. Death is said to have occurred on the date stated above, at 2:00 p.m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 57 3 2

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

Coronary occlusion Date of onset 9/2/37

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

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) Aug, 1937 11. Total time (years) spent in this occupation 31

Other contributory causes of importance: arteriosclerosis

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wayne County West Virginia

13. NAME John Ferguson

Name of operation none Date of \_\_\_\_\_

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) West Virginia

What test confirmed diagnosis? none Was there an autopsy? no

15. MAIDEN NAME Melvinia Porter

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) West Virginia

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT Mrs. M. A. Ferguson (ADDRESS) 412 W 6<sup>th</sup> Sedalia

Manner of injury \_\_\_\_\_

18. BURIAL, CREMATION, OR REMOVAL PLACE Golden Mo. DATE 8-6-1937

Nature of injury \_\_\_\_\_

19. UNDERTAKER McLaughlin Bros (ADDRESS) Sedalia

24. Was disease or injury in any way related to occupation of deceased? No

20. FILED Aug 6, 1937 Jean Slack Registrar.

If so, specify \_\_\_\_\_

(Signed) Chas. M. W. M. D. (Address) Sedalia 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.

