

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

Do not use this space.

3317

1. PLACE OF DEATH: *58* County *Linn* Registration District No. *496*
1 Township *Brookfield* Primary Registration District No. *3025*
2 City *Brookfield* (No. _____) St. _____ Ward _____

2. FULL NAME *Ruby Ferguson* 622
 (a) Residence, No. *1312 W. Howard* St. _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred *2* 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 *M* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Widowed*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Sept 30 1893*

7. AGE YEARS *44* MONTHS *5* DAYS *3* If LESS than 1 day, _____ hrs. or _____ min.

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

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) *Montgomery City Mo*

FATHER 13. NAME *Dr. George C. Ffurns*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Madisonville Mo*

MOTHER 15. MAIDEN NAME *Sarah Blair*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Lincoln County Mo*

17. INFORMANT *Billy Ferguson*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Montgomery City* DATE *Jan 26 1938*

19. UNDERTAKER (ADDRESS) *Homey J. Brown Brookfield*

20. FILE NO. *269 38* *J. W. Lucey* Registrar. *445* (Address) *Brookfield Mo*

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *1-24 1938*

22. I HEREBY CERTIFY, That I attended deceased from *1276* 1937, to *1-24* 1938
 I last saw him alive on *1/24* 1938 Death is said to have occurred on the date stated above, at *2:30 a.m.*
 The principal cause of death and related causes of importance were as follows:
Uremia Date of onset *3 da*
131
 Other contributory causes of importance:
Hypertension, Str *3 mo*
detrital vesicle - impaction
 Name of operation _____ Date of _____
 What test confirmed diagnosis? *Cl. H.* 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? *no*
 If so, specify _____
 (Signed) *J. W. Lucey* _____, M. D.
 (Address) *Brookfield 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.

RECEIVED

FEB 28 1938

BUREAU OF REVENUE
MO. STATE DEPARTMENT