REC'D MAR 14 1938

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

Do not use this space.

File No. 5818
Registered No. 884

1. PLACE OF DEATH

County: Jackson
Township: Kaw
City: Kansas City (No. Trinity Lutheran Hospital St. Ward)

Registration District No. 399
Primary Registration District No. 1002

2. FULL NAME Narenal H. Ferguson 622

(a) Residence, No. 20 West Concord 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: Female
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: E. I. Ferguson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): August 12, 1849

7. AGE: Years 88 | Months 6 | Days 8 | 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): New York State

FATHER
13. NAME: E. H. Porter
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): No record

MOTHER
15. MAIDEN NAME: No record
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): No record

17. INFORMANT: Mrs. Richard B. Platte,
(ADDRESS) 20 West Concord, Kansas City, Mo

18. ~~BURIAL, CREMATION, OR~~ REMOVAL
PLACE: Friend, Nebraska DATE: Feby. 24, 1938

19. UNDERTAKER: Stine & McClure
(ADDRESS) Kansas City, Missouri

20. FILED: Feb 23, 1938 M. M. Crowe
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): February 20, 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 6, 1938, to Feb 20, 1938
I last saw h. ev. alive on Feb 20, 1938. Death is said to have occurred on the date stated above, at P. m. 11:40
The principal cause of death and related causes of importance were as follows:

	Date of onset
Endarteritis Obliterans	
Occlusion Rt Popliteal Artery	Feb 6
Gangrene Rt Leg + Thigh	
990	

Other contributory causes of importance:
Arterio-sclerosis
Cardiac Insufficiency

Name of operation: None Date of:
What 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? No
If so, specify:
(Signed) Theodore Anderson, M. D.
(Address) 1317 Rialto Bldg
Richard B Platte M.D.
20 W Concord Place

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

D. Pilcher [illegible]

1:30 to 3:30 U11257