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.

REC'D MAR 15 1938

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

Do not use this space.

1. PLACE OF DEATH

County Douglas — Registration District No. 272 — File No. 6611

Township Benton — Primary Registration District No. 5379 — Registered No. 165

City Ava-Mo. (No. ..... St. ..... Ward)

2. FULL NAME Cora Ellen Ferguson

(a) Residence, No. ..... St., ..... Ward. ..... (If nonresident, give city or town and State)
(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

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Dr. J. D. Ferguson

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

7. AGE: YEARS 57 — MONTHS 3 — DAYS 15 — If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION

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

FATHER

13. NAME ~~Father~~ Thomas D. Jenkins
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER

15. MAIDEN NAME Cockron
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Russell Ferguson Ava, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Ava, Mo. DATE 2-23-38

19. UNDERTAKER (ADDRESS) C. V. Clinkingbeard Ava, Mo

20. FILED 3-8 1938 Henry Burke Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-21, 1938

22. I HEREBY CERTIFY, That I attended deceased from 2-20-, 1938, to 2-21-, 1938

I last saw her alive on 2-21, 1938. Death is said to have occurred on the date stated above, at 9 P.m.

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

Congestive Heart Failure
Hypostatic Pneumonia

Date of onset

Other contributory causes of importance:

Lobar Pneumonia
Right Side

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

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) M. C. Gentry, M. D.

(Address) Ava Mo

MAR 1 1943