Rec'd MAR 24 1938

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

Do not use this space.

1. PLACE OF DEATH
County St Francois 1
Township Cherry
City (No. , St. Ward)

Registration District No. 1115
Primary Registration District No. 6021

File No. 8067
Registered No. 2

2. FULL NAME Francis Marion Ferguson 622

(a) Residence, No. 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: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 25, 1860

7. AGE: Years 77 — Months 10 — Days 18 — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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) 1934
11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Madison Co Mo

FATHER
13. NAME John Ferguson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Madison Co Missouri

MOTHER
15. MAIDEN NAME Lucy Skaggs
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Madison Co Missouri

17. INFORMANT (ADDRESS) J. S. Ferguson

18. BURIAL, CREMATION, OR REMOVAL
PLACE Cross Roads DATE 2/15 1938

19. UNDERTAKER (ADDRESS) Geo. W. Hall & Son Fredericktown Mo

20. FILED 2/16 1938 H. J. A. Rydeen Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 13 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 1938, to Feb 13 1938, I last saw him alive on Feb 12 1938. Death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage around Rt side to the paralyzed side

Date of onset

Other contributory causes of importance:
Stroke extend of Left side & heart failed

Name of operation Date of ✓
What test confirmed diagnosis? ✓ Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No 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. B. Barber, M. D.
(Address) Fredericktown Mo

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CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.