

DEC'D APR 15 1938

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

Do not use this space.

1. PLACE OF DEATH

County JacksonRegistration District No. 8975553A

11003

Township ParrPrimary Registration District No. 4284

File No.

City (No.)

Registered No.

City (No.)

St.

Ward)

2. FULL NAME Wilmer Bradshaw Ferguson

(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) Married5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Estella Ferguson6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 16 1907
7. AGE YEARS 31 MONTHS 3 DAYS 3 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. General Trucking
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 1 year12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pleasant Hill Mo13. NAME Henry Ferguson14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lebanon Va.15. MAIDEN NAME Hattie Ferguson16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lebanon Va.17. INFORMANT Catella Ferguson18. BURIAL, CREMATION, OR REMOVAL Burial
PLACE Pleasant Hill DATE March 17 193819. UNDERTAKER A. W. Brownfield(ADDRESS) Pleasant Hill Mo.20. FILED Mar 16 1938 W. J. Harkins Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 15 1938

22. I HEREBY CERTIFY, That I attended deceased from

I last saw him alive onto have occurred on the date stated above, at 9:30 a.m.

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

Date of onset

Broken neck
in a car wreckOther contributory causes of importance: 21stName of operation none Date ofWhat test confirmed diagnosis? Physical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Mar 15, 1938Where did injury occur? Greenwood Mo. R.R.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

3 miles east of Greenwood Mo.Manner of injury on auto wheelsNature of injury Broken neck24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) A. S. Swaney M. D.(Address) 557 1/2 Lebanon, Mo.

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

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.

TOWN I X704

Miss [unclear] [unclear]

NOV 4 1948