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 MAY 10 1938

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

15397
Do not use this space.

1. PLACE OF DEATH
(a) County NEWTON — Registration District No. 609
(b) Township — Primary Registration District No. 4363 — Registered No. 39
(c) City NEOSHO — (d) Street No. ..... St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME JOSEPH FERGUSON 622
(a) Residence, No. ..... St. ☐ .....
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: MALE
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: SUSIE FERGUSON
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): FEBY 5. 1859
7. AGE: YEARS 79 — MONTHS 2 — DAYS 3 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc.: STONE MASON
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): VIRGINIA

FATHER
13. NAME: GEORGE FERGUSON
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): VIRGINIA

MOTHER
15. MAIDEN NAME: DONT KNOW
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): DONT KNOW

17. INFORMANT (ADDRESS): R W Ferguson, MULHALL, OKLAHOMA
18. BURIAL, CREMATION, OR REMOVAL
PLACE GUTHRIE, OKLA DATE 4/9/38 19
19. FUNERAL DIRECTOR (ADDRESS): THE BIGHAM MORTUARY, NEOSHO, MO.
20. FILED 4-8 1938 Onal Scale, Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 1 1938
22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 4 p m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Broken Neck.	4/7/38
passenger in car	
Other contributory causes of importance: 210 M	

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? Accident Date of injury 4-7, 1938
Where did injury occur? in Granby Newton Co. Mo.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Highway U.S. #60 in Granby
Manner of injury Automobile Collision (2 cars)
Nature of injury Broken Neck

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Carley Thompson Coroner, M.D.
(Address) Neosho Mo.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I, Jas Bingham, Licensed Embalmer No. 2689

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Jas Bingham

L. E.

No. 2689 or by, Registered Apprentice No.

working under my personal supervision.

Signed Jas Bingham

Licensed Embalmer No. 2689

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)