

REC'D MAY 23 1938

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

Do not use this space.

15453

1. PLACE OF DEATH

County *Osage*
Township *Wabaton*
City *Chambers*

Registration District No. *639*Primary Registration District No. *4385*

File No. _____

Registered No. _____

2. FULL NAME

Samuel Wendell 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)

widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF

(OR) WIFE OF

Rebecca Ferguson

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

Oct. 21-1855

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

*84**6**12*

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) *Jan. 1934*11. Total time (years) spent in this occupation *650*

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Chambers Missouri

FATHER

13. NAME

Joseph Daniel Ferguson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Wheeling W. Virginia

MOTHER

15. MAIDEN NAME

Harriet Anne Laughlin

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

St. Louis Missouri

17. INFORMANT (ADDRESS)

Robert Ferguson Chambers Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Ferguson Cemetery DATE *May 5 1938*

19. UNDERTAKER (ADDRESS)

O. J. Stockmeyer Chambers Mo.

20. FILED

*May 4 1938**Esther Souder Alameda Soul Registrar.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *May 3 1938*22. I HEREBY CERTIFY That I attended deceased from *Jan. 10 1938* to *May 3 1938*I last saw him alive on *Mon. 10 1938* Death is saidto have occurred on the date stated above, at *3:30 P. m.*

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

Chronic Bronchitis

Date of onset

Other contributory causes of importance: *106 Pa.*

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? _____

If so, specify _____

(Signed) *W. J. G. ...* M. D.570 (Address) *Chambers Mo.*

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.

