

1938 AUG 24 1938

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

Do not use this space.

1. PLACE OF DEATH
 County Jasper Registration District No. 413
 Township General Primary Registration District No. 26690
 City Edwardsport (No. _____) St. _____ Ward _____

2. FULL NAME Gary Ferguson 622
 (a) Residence, No. 119 East 9th St., _____ Ward Jasper
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 7 yrs. 6 mos. 6 ds. How long in U. S. (If of foreign birth) _____ yrs. _____ mos. _____ ds.

File No. 25656
 Registered No. 40

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 21-1898

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. _____ min.
	<u>39</u>	<u>8</u>	<u>21</u>	

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife

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) Missouri

FATHER

13. NAME Lill Hubbard

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

MOTHER

15. MAIDEN NAME Lellie Elgin

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

17. INFORMANT (ADDRESS) Records

18. BURIAL, CREMATION, OR REMOVAL PLACE Jasper Co. Bur DATE 7/14 1938

19. UNDERTAKER (ADDRESS) Nedgie Nelson
1st City

20. FILED _____ 19 _____ Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 12 1938

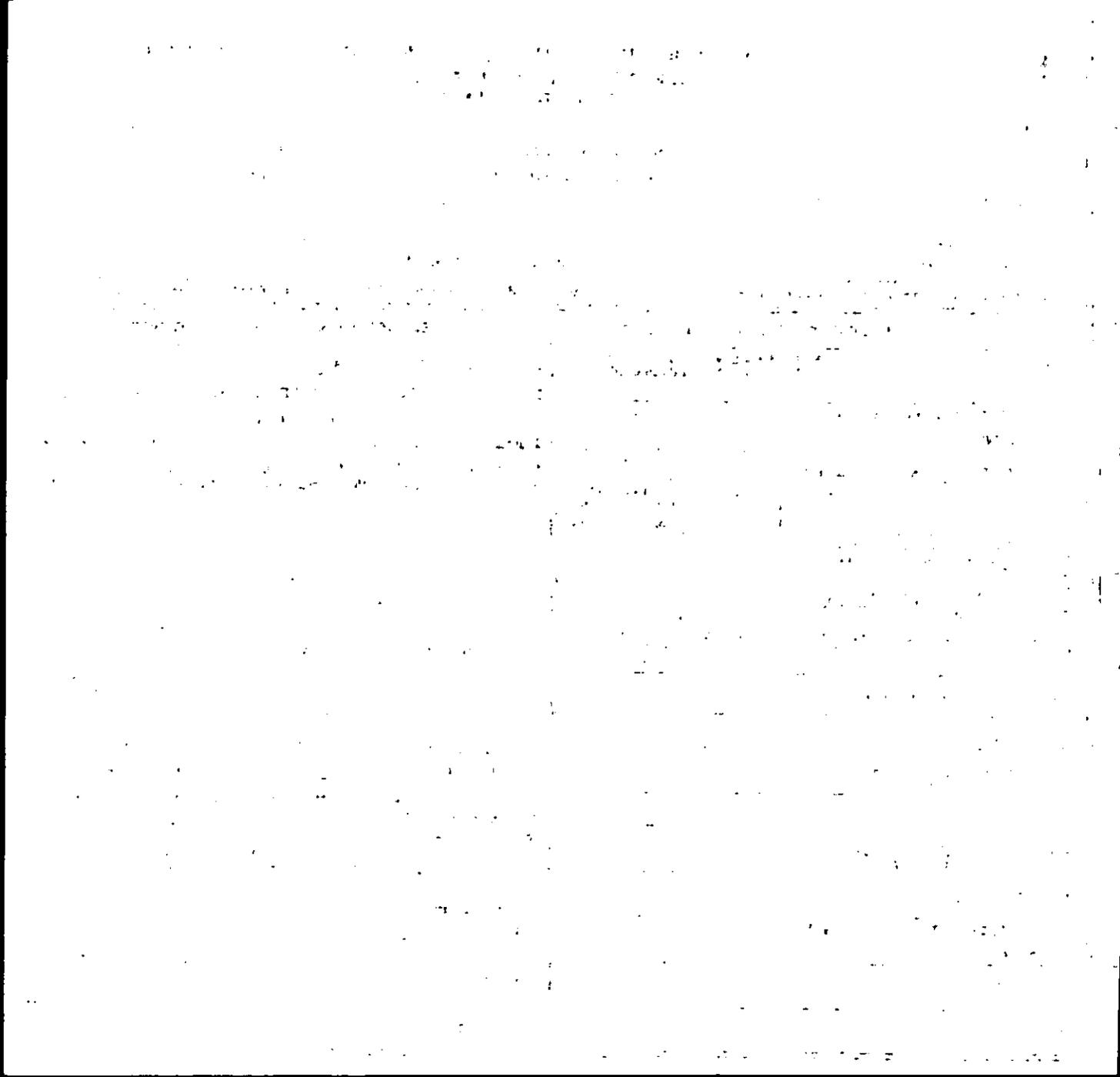
22. I HEREBY CERTIFY, That I attended deceased from Jan 6 1936, to July 12 1938
 I last saw her alive on July 12 1938. Death is said to have occurred on the date stated above, at 10:50 a.m.
 The principal cause of death and related causes of importance were as follows:
Pulmonary Tuberculosis
 Other contributory causes of importance: 73%

Name of operation Pneumothorax Date of _____
 What test confirmed diagnosis? Roentgen Was there an autopsy? No

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) George E. Deans, M. D.
1st City
 27 J. (Address) _____



FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

25-6 8-6
Do not use this space.

1. PLACE OF DEATH

(a) County Osage Registration District No. 413
(b) Township Mineral Primary Registration District No. 2529C Registered No. 40
(c) City..... (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

(a) Residence, No. 119 East 9th St. Joplin Mo
(Usual place of abode, if no street address, write county or city) (If non-resident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 21 1898

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
39 8 21

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as 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) Missouri

FATHER 13. NAME Bill Hubbard

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

MOTHER 15. MAIDEN NAME Lucie Oglin

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

17. INFORMANT (ADDRESS) Rebecca

18. BURIAL, CREMATION, OR REMOVAL PLACE Fairview DATE 7/14, 1938

19. FUNERAL DIRECTOR (ADDRESS) Hedger Nelson
West City

20. FILED Aug 10, 1938 Harry A. Weaver
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 12, 1938

22. I HEREBY CERTIFY, That I attended deceased from June 6 to July 12, 1938

I last saw her alive on July 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:

Pulmonary Tuberculosis

Other contributory causes of importance:

Name of operation Prenothesis 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?..... 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? Y

If so, specify.....

(Signed) Jesse E. Doughtland D.

(Address) West City Mo

ALWAYS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

