

NOV 17 1938

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

35706
Do not use this space.

1. PLACE OF DEATH

(a) County Greene Registration District No. 316
(b) Township Springfield Primary Registration District No. 2001 Registered No. 775
(c) City Springfield, Mo. Street No. 2216 N. Main 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 622 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. pt 1 St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

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

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Pearl Ferguson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 7, 1898

7. AGE YEARS 40 MONTHS 6 DAYS 12 If LESS than 1 day,hrs. ormin.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Painter

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) Chalfield Minnesota

13. NAME Harry A. Ferguson

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

15. MAIDEN NAME Ida Addy

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

17. INFORMANT (ADDRESS) H. A. Ferguson Springfield Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Hazelwood DATE Oct 20, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Alma Tamme Springfield Mo.

20. FILED 10-21-38 Chalfield, Mo. Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 19, 1938

22. I HEREBY CERTIFY, That I attended deceased from

....., 19..... to....., 19.....
I last saw him/her alive on Oct 20, 1938. Death is said

to have occurred on the date stated above, at 5:30 P.M.

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

Spontaneous pneumonia
collapse both lungs
Date of onset 10/19

Other contributory causes of importance: Emphysema both lungs
collapse both lungs

Name of operation..... Date of.....

What test confirmed diagnosis? autopsy Was there an autopsy? yes

23. If death was due to external causes (accident, suicide, or homicide), 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) J. P. Ferguson Coroner

(Address).....

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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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

If this body is not embalmed, above space should be left blank.