DEC 14 1938

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

38259
Do not use this space.

1. PLACE OF DEATH
(a) County Jackson 2 Registration District No. 399
(b) Township Kaw 1 Primary Registration District No. 1002 Registered No. 4493
(c) City Kansas City (d) Street No. 2206 E. 25 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 30 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME William Ferguson
(a) Residence, No. 2206 E. 25th 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 Col
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Eula Lee
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 28, 1883
7. AGE YEARS 55 MONTHS 7 DAYS 1 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Janitor
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) Jefferson City Mo.

FATHER
13. NAME William Ferguson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marietta Ga.

MOTHER
15. MAIDEN NAME Mary Wilman
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lexington Mo.

17. INFORMANT (ADDRESS) Eula Lee Ferguson 2206 E 25th St
18. BURIAL, CREMATION, OR REMOVAL
PLACE Lincoln DATE 11-19 1938
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Adkins Bros. 2000 E. 12th
20. FILED Nov. 18, 1938 M. M. Crowe Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 29, 1938
22. I HEREBY CERTIFY, That I attended deceased from Sept. 25, 1938 to Oct. 29, 1938
I last saw him alive on Oct. 25, 1939 Death is said to have occurred on the date stated above, at 7 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Concussion of Brain and contusion and Shock	Oct 29

Other contributory causes of importance:

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 Oct 29 1938
Where did injury occur? Kansas City Mo. (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. In Home
Manner of injury Fall against Bath Tub
Nature of injury Concussion of Brain and Contusion

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) M. H. Keefer, M. D.
(Address) 1511 Myrtle Ave

(Licensed Embalmer's Statement on Reverse Side)

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.

50M-1-19-38 I X14028

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 Edw. Evans

Licensed Embalmer No. 3836

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.