REG'D APR 15 1939

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

9934
Do not use this space.

1. PLACE OF DEATH
(a) County: Barry — Registration District No.: 31
(b) Township: Butterfield — Primary Registration District No.: 6240 — Registered No.: 19
(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: Susan Alma Ferguson
(a) Residence, No.: R.F.D. Purdy, Barry County 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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan 27, 1912

7. AGE: Years 27 — Months 1 — Days 19 — 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.: 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): Barry Co., Mo

FATHER
13. NAME: S. E. Swaffar
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Wilson Co., Tenn.

MOTHER
15. MAIDEN NAME: Leona Bingham
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Wilson Co., Tenn

17. INFORMANT (ADDRESS): Henry Ferguson, Purdy, Mo R#2

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Arnhart Cem. DATE: Mar 17, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS): Koon Funeral Home, Cassville, Mo

20. FILED: Mar. 18, 1939 Donald Blankenship
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Mar 15, 1939

22. I HEREBY CERTIFY, That I attended deceased from Aug 2, 1934, to Mar 15, 1939
I last saw him alive on Mar 15, 1939. Death is said to have occurred on the date stated above, at 8:20 A.m.
The principal cause of death and related causes of importance were as follows:

acute Intestinal obstruction - Peritonitis — Date of onset 3-1-39

Other contributory causes of importance:
adhesions from Pelvic surgery

Name of operation: ..... Date of: .....
What test confirmed diagnosis? Clinic 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) J. D. Baldwin, M.D.
(Address) Purdy Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.

WRITE PLAINLY WITH ORDINARY INK—THIS IS A PERMANENT RECORD

X14028

RECEIVED
District Health Officer No. 6,
District File Number 6-39-698
Date Filed APR 4 1939

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, R. J. Miller, or by ,

Registered Apprentice No. , working under my personal supervision.

Signed R. J. Miller

Licensed Embalmer No. 3794

P. O. Address Cassville, Mo.

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.