

REC'D APR 11 1939

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

10688
Do not use this space.

1. PLACE OF DEATH

(a) County Dekalb Registration District No. 263
(b) Township Dallas Primary Registration District No. 5366
(c) City _____ or _____ (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. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Ezekiel Ferguson

(a) Residence, No. _____ 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Divorced

5A. IS MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Kathleen Reynolds

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10/30/1871

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
67 4

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. retired
9. Industry or business in which work was done, as saw mill, bank, etc. farmer
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Gentry, Co
(STATE OR COUNTRY) Mo

FATHER 13. NAME Thomas Ferguson

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

MOTHER 15. MAIDEN NAME Nancy Jane Henry

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

17. INFORMANT Mrs J.G. Rice
(ADDRESS) Pattonsburg, Mo R.F.D # 1

18. BURIAL, CREMATION, OR REMOVAL PLACE Berlin DATE 3/23/39, 1939

19. FUNERAL DIRECTOR (NAME) Eschner
(ADDRESS) Pattonsburg, Mo

20. FILED 3/29/39, 1939 James Fitzgerald
4-1 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 21, 1939

22. I HEREBY CERTIFY, That I attended deceased from April 5, 1931, to Aug 26, 1935.
I last saw him alive on Sept 1, 1938. Death is said to have occurred on the date stated above, at 12 a.m.
The principal cause of death and related causes of importance were as follows:

was not called at time of death - probably Shedinic myocarditis
Date of onset _____
Other contributory causes of importance: arterio sclerosis

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.R. Reynolds, M.D.
Wm. J. Smith, M.D.
738 (Address) _____

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.

District Health Officer No. 11,
District File Number 39-202
Date Filed APR 5 1939

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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 E. S. Grimmer

Licensed Embalmer No. 2857

P. O. Address Pattonsburg, 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.