

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.

REC'D MAY 11 1939

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

Do not use this space.

1. PLACE OF DEATH

County Richmond Registration District No. 85
Township Washington Primary Registration District No. 1001
City St. Joseph, Mo. State Hospital #2

File No. 14340
Registered No. 463
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 4251 Penn. St. St. W. C. M.

(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) SINGLE

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 22nd, 1888

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
50 10 8

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, 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) Andover, Ia.

FATHER 13. NAME David Ferguson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Andover, Iowa

MOTHER 15. MAIDEN NAME Mary Young

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

17. INFORMANT (ADDRESS) State Dept. Records, St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Hillsdale, Kan. DATE May 3rd, 1939

19. UNDERTAKER Eleeman & Son Inc. (ADDRESS) 946 Calhoun St., Joseph, Mo.

20. FILED May 1 1939 J. A. Wetherick Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-30-39

22. I HEREBY CERTIFY, That I attended deceased from June 24, 1939 to Apr 30, 1939. I first saw him alive on Apr 30, 1939. Death is said to have occurred on the date stated above, at 10 P. m.

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

Broncho Pneumonia Date of onset 3d

Other contributory causes of importance: San. Parosites

Name of operation None Date of _____

What test confirmed diagnosis? Lab. Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no 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 None Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no If so, specify _____

(Signed) W. E. Miles M. D. (Address) State Dept. #2

I hereby certify that the body on the
reverse side of this page was embahmed
by myself John E. Rupp L.E.# 3986