

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

14482

Do not use this space.

1. PLACE OF DEATH *Kellaway*

(a) County *Kellaway* Registration District No. *104*

(b) Township *Fulton 3* Primary Registration District No. *3208* Registered No. *110*

(c) City *Fulton* (d) Street No. *State Hosp #1* St.

(e) Length of residence in city or town where death occurred *1* yrs. *10* mos. *10* da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME *Beauregard Ferguson*

(a) Residence, No. *Thompson, Mo* St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *M* 4. COLOR OR RACE *W* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED *S*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Apr. 22, 1861*

7. AGE YEARS	MONTHS	DAYS	IF LESS than 1 day,hra. ormin.
<i>78</i>	<i>78</i>	<i>11</i>	<i>24</i>

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. *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) (STATE OR COUNTRY) *West Virginia*

FATHER

13. NAME *George Ferguson*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Wayne County, West Virginia*

MOTHER

15. MAIDEN NAME *Lucretia A. Chadwick*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *West Virginia*

17. INFORMANT (ADDRESS) *State Hosp #1 records, Fulton Mo*

18. BURIAL, CREMATION, OR REMOVAL
 PLACE *Mexico, Mo* DATE *Apr. 17, 1940*

19. FUNERAL DIRECTOR (NAME) (ADDRESS) *Mrs. J. Williams, Mexico Mo*

20. FILED *Apr 16 1940* *R. M. Cress* Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *4-16-40*

22. I HEREBY CERTIFY, That I attended deceased from *7:11* 19*38* to *4-16-40* 19*40*

I last saw him alive on *4-15-40* 19*40*. Death is said to have occurred on the date stated above, at *8:05 A.M.*

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

Acute Myocarditis Date of onset *4/16/40*

Other contributory causes of importance:
Senile Psychosis
Cardio-Renal-Vascular Dis.

Name of operation Date of
 What test confirmed diagnosis? *Phys* Was there an autopsy? *no*

23. If death was due to external cause (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
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased? *no*
 If so, specify
 (Signed) *H. F. Wood* M. D.
 (Address) *State Hosp #1 Fulton Mo*

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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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.