

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

Do not use this space.

29725

**1. PLACE OF DEATH**

County Henry Registration District No. 14  
 Township A Primary Registration District No. 42011  
 City Windsor (No. ....) St. .... Ward)

File No. ....  
 Registered No. 33

**2. FULL NAME** Saneul Ferguson

(a) Residence. No. 301 W/ Benton St. .... Ward. ....  
 (Usual place of abode)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 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 Ellis Owen

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 25 1840

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
89 9 6

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work. Retired Farmer  
 (b) General nature of industry, business, or establishment in which employed (or employer).  
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

10. NAME OF FATHER Issac Ferguson

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown

12. MAIDEN NAME OF MOTHER Patience Cornan

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown

14. INFORMANT Mrs. H.O. Williams

15. Sept 2 1930 D. Jennings  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept. 1 1930 19

17. I HEREBY CERTIFY, That I attended deceased from July 27, 1922, to Sept 1, 1930 that I last saw alive on Sept 1, 1922, and that death occurred, on the date stated above, at 1015 a.m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Arterial Sclerosis  
99

(duration) 3 yrs. .... mos. .... ds.

CONTRIBUTORY (SECONDARY) 9/15  
 (duration) .... yrs. .... mos. .... ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH.....

6 DID AN OPERATION PRECEDE DEATH? No DATE OF.....

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?  
 (Signed) J.A. Blackmore M. D.

9-3, 1930 (Address) Windsor, Mo.

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

Windsor Missouri 9-2-30 19

20. UNDERTAKER ADDRESS  
HUSTON'S FUNERAL CHAPEL WINDSOR

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.

OCT 28 1930

