

FEB 25 1936

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

Do not use this space.

1033

1. PLACE OF DEATH

County Henry
Township.....
City Windsor (No. 14)

Registration District No. 421
Primary Registration District No. 421

File No.....
Registered No. 20
St. Ward

2. FULL NAME Mrs. Helen Jones Ferguson

(a) Residence, No. St., Ward.
(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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 27, 1936

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

22. I HEREBY CERTIFY, That I attended deceased from Jan 25 1936 to Jan 27, 1936
I last saw her alive on Jan 27, 1936 Death is said to have occurred on the date stated above, at 10:30 P. M.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 26, 1899

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

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
26 4 1

Date of onset

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home maker
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.....

Sepsis
abortion
Other contributory causes of importance:
Date of onset

12. BIRTHPLACE (CITY OR TOWN) Clinton (STATE OR COUNTRY) Missouri

13. NAME Joe Jones

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

14. BIRTHPLACE (CITY OR TOWN) Florence (STATE OR COUNTRY) Missouri

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)

15. MAIDEN NAME Anna Snodgrass

Specify whether injury occurred in industry, in home, or in public place.

16. BIRTHPLACE (CITY OR TOWN) Clinton (STATE OR COUNTRY) Missouri

17. INFORMANT Chester Ferguson (ADDRESS) Windsor, Missouri

Manner of injury.....
Nature of injury.....

18. BURIAL, CREMATION, OR REMOVAL PLACE Windsor, Mo. DATE Jan. 29th, 1936

24. Was disease or injury in any way related to occupation of deceased?.....
If so, specify.....

19. UNDERTAKER Huston-Turner (ADDRESS) Windsor, Missouri

(Signed) J. C. Moffet, M.D.
(Address) Windsor, Mo.

20. FILED Jan 29, 1936 A. J. Dennis Registrar

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION in every

