

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

Do not use this space.

27096

1. PLACE OF DEATH

County Ray
Township Fishing Creek
City Ray (No. 610)

Registration District No. 743
Primary Registration District No. 237

File No. _____
Registered No. 78 Ward _____

2. FULL NAME

Susan E. Ferguson

(a) Residence, No. _____ St. _____ Ward. _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) wid-wed

6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF S.P. Ferguson

7. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 31 - 1862

8. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 70 6 0 0

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

11. Date deceased last worked at this occupation (month and year) _____ 12. Total time (years) spent in this occupation _____

13. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ray Co Mo

14. NAME Aaron Devenquest

15. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

16. MAIDEN NAME Don't know

17. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

18. INFORMANT (ADDRESS) Mary Peba Burke

19. BURIAL, CREMATION, OR REMOVAL PLACE Presque DATE Aug 7 1932

20. UNDERTAKER (ADDRESS) Herbert Hapel

21. FILED Aug 8 1932 Registrar R. E. Ellis

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 6 1932

I HEREBY CERTIFY That I attended deceased from James I 1931 to July 31 1932

I last saw her live on July 31 1932 Death is said to have occurred on the date stated above, at _____ m. The principal cause of death and related causes of importance were as follows:

Cancer uterus Date of onset: June 1-1931
48 48

Other contributory causes of importance: none
Had Ray Treatment at KC. fall 1931-

Name of operation _____ Date of operation _____
What test confirmed diagnosis microscopic - clinical 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 _____, 1932

Where did injury occur? none (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 no

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

(Signed) T. O. Craven M. D.
(Address) Fishing Creek, Mo.

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.

SEP 26 1932

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