

JUN 27 1930

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

Do not use this space.

17081

1. PLACE OF DEATH

County Ray Registration District No. 743
Township Fishing News Primary Registration District No. 6237
City (No. _____) St. _____ Ward _____

File No. _____
Registered No. 13

2. FULL NAME

Sterling Price Ferguson
(a) Residence No. _____ St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred 67 yrs. 5 mos. 25 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 Susan E. Ferguson

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 29 - 1862

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
67 - 5 - 25

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work farmer
(b) General nature of industry, business, or establishment in which employed (or employer) "
(c) Name of employer Not Employed

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

10. NAME OF FATHER Leas Ferguson

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

12. MAIDEN NAME OF MOTHER Attoussa Titus

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

14. INFORMANT (Address) Susan E. Ferguson
Excelsior Springs

15. FILED May 28 1930 L. E. Ellis REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 5 - 24 - 1930

17. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1929 to May 24, 1930
that I last saw him alive on May 24, 1930 and that death occurred, on the date stated above, at 8:40 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
General Sorenia
403
53 E (duration) yrs. 1 mos. _____ ds.

CONTRIBUTORY (SECONDARY) Cancer stomach (duration) yrs. 9 or 10 mos. _____ ds.

18. WHERE WAS DISEASE CONTACTED? 4400
IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

19. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Chemical
(Signed) W. D. Craver, M. D.
(Address) Ex. Spgs 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 Resurg Ray Co Mo DATE OF BURIAL 5/25 1930

20. UMBERTAKER Herbert Hope ADDRESS Excelsior Springs

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.

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100
100
100