

AUG 18 1927

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

Do not use this space.

22254

1. PLACE OF DEATH

County Ray
Township Crooked River
City Hardin

Registration District No. 740
Primary Registration District No. 5925
(No. 4442)

File No. 22254
Registered No. 48
St. _____ Ward _____

2. FULL NAME Anna Eliza 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

3. SEX <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Married</u>				
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Dec - 19 - 1853</u>				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>73</u>	<u>6</u>	<u>14</u>	<u>-</u>
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Housewife</u> (b) General nature of industry, business, or establishment in which employed (or employer). (c) Name of employer				

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July - 3 1927

17. I HEREBY CERTIFY, That I attended deceased from 5 - 11, 1927, to 7 - 3 -, 1927, that I last saw her alive on 7 - 3 -, 1927, and that death occurred, on the date stated above, at 4 P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cardiac Hypertrophy
131 / 290
95B / 290 (duration) 6 yrs. 6 mos. 0 ds.

CONTRIBUTORY (SECONDARY) Chronic Nephritis
F (duration) 1 yrs. 8 mos. 0 ds.

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

10. NAME OF FATHER Elvert Cato

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Dont no
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Sevena Booker

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Dont no
(STATE OR COUNTRY)

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

19. DID AN OPERATION PRECEDE DEATH? no DATE OF _____

20. WAS THERE AN AUTOPSY? no

21. WHAT TEST CONFIRMED DIAGNOSIS? Phys. Exam
(Signed) W. A. Jenkins, M. D.
, 19 (Address) Hardin, Mo.

14. INFORMANT Mrs. Amy Hughes
(Address) Hardin Mo

15. FILED Aug 10 1927 Jno. W. Knipschild
REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL New Hope Cem DATE OF BURIAL July - 4 1927

20. UNDERTAKER Mrs W. Knipschild ADDRESS Hardin 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.

