

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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. See instructions on back of certificate.

STATE OF TENNESSEE
STATE BOARD OF HEALTH
Bureau of Vital Statistics
CERTIFICATE OF DEATH

203

1 PLACE OF DEATH
County Jackson
Civil Dist. 13- Registration District No. 44413 File No. _____
or Village _____ Primary Registration District No. 13 Registered No. _____
or City _____ (No. _____ St.; _____ Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME Oliver Ferguson

PERSONAL AND STATISTICAL PARTICULARS

3 SEX <u>Male</u>	4 COLOR OR RACE <u>White</u>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Married</u> <small>(Write the word)</small>
6 DATE OF BIRTH <u>Mar.</u> <u>7</u> , 18 <u>99</u> <small>(Month) (Day) (Year)</small>		
7 AGE <u>28</u> yrs. <u>1</u> mos. <u>23</u> ds.		8 IF LESS than 1 day, _____ hrs. or _____ min.?
9 OCCUPATION (a) Trade, profession, or particular kind of work: <u>Farm - part</u> (b) General nature of industry, business, or establishment in which employed (or employer): <u>none</u>		
10 BIRTHPLACE (State or country) <u>Tenn.</u>		
PARENTS	11 NAME OF FATHER <u>John Ferguson</u>	
	12 BIRTHPLACE OF FATHER (State or country) <u>Tenn.</u>	
	13 MAIDEN NAME OF MOTHER <u>Melvin Carnahan</u>	
14 BIRTHPLACE OF MOTHER (State or country) <u>Tenn.</u>		

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH
4 30, 1920
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from 4-26 1920, to 4-30, 1920, that I last saw him alive on 4-29, 1920, and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:
mitral Regurgitation 90
Following influenza
(Duration) _____ yrs. _____ mos. 4 ds.

Contributory Influenza
(SECONDARY) (Duration) _____ yrs. _____ mos. _____ ds.

(Signed) F. R. Clark M. D.
4-30, 1920 (Address) Hazelburg

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENCE, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death 28 yrs. 1 mos. 23 ds. In the 28 yrs. 1 mos. 23 ds.
Where was disease contracted, if not at place of death?
Former or usual residence: _____

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) John Ferguson
(Address) Whiteville Tenn

15
Filed June 1, 1920 J. D. Dukes
REGISTRAR

19 PLACE OF BURIAL OR REMOVAL
Miles County

20 UNDERTAKER
none

DATE OF BURIAL
6-2, 1920

ADDRESS
