

CERTIFICATE OF DEATH

1 PLACE OF DEATH
County of *Muhlenberg*
Reg. Dist. No. *7135*
2 City of *Beverly* Primary Registration District No.
3 (No.) St., Ward)

File No. *5874*
Registered No. *169*

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

4 FULL NAME *Mary Ferguson*

PERSONAL AND STATISTICAL PARTICULARS

5 SEX *Female* 6 COLOR OR RACE *white* 7 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) *widow*
8 DATE OF BIRTH *Sept 1, 1861*
(Month) (Day) (Year)
9 AGE *58* yrs. *5* mos. *15* ds. IF LESS than 1 day ... hrs. or ... min.?
10 OCCUPATION (a) Trade, profession, or particular kind of work *House Keeper*
(b) General nature of industry, business or establishment in which employed (or employer)

11 BIRTHPLACE (State or country)

PARENTS

12 NAME OF FATHER *John Phelps*

13 BIRTHPLACE OF FATHER (State or country)

14 MAIDEN NAME OF MOTHER *Peggie Jones*

15 BIRTHPLACE OF MOTHER (State or country)

16 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) *J. E. Sturgeon*
(Address) *Beverly*

17 FILED *2-18, 1920* *W. H. Moore*
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH *Feb 16, 1920*
(Month) (Day) (Year)
19 I HEREBY CERTIFY, That I attended deceased from *Feb 10, 1920* to *Feb 17, 20* that I last saw her alive on *Feb 17, 1920* and that death occurred on the date stated above at m. The CAUSE OF DEATH* was as follows:

Flu
(Duration) yrs. mos. *7* ds.

Contributory (SECONDARY)

(Signed) *LeRoy Miller* M. D.
Feb 18, 1920 (Address) *Clatsop*

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

20 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)

At place of death yrs. mos. ds. State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

21 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

Millers Grove *2-18, 1920*

22 UNDERTAKER ADDRESS

J. L. Thomas *Clatsop*