

PLACE OF DEATH

County Washtenaw
 Township Argos
 Village _____

STATE OF MICHIGAN
 Department of Health - Division of Vital Statistics

CERTIFICATE OF DEATH

Registered No. 3

City _____ (No. _____ St. _____ Ward _____)
 (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Edward Ferguson

(a) Residence No. _____ St. _____ Ward _____

(Usual place of abode.)

Length of residence in city or town where death occurred 20 years. (If non-resident give city or town and state.)
 As. How long in U. S. If of foreign birth _____ years _____ days

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. Color or Race W. P. I. 5. Single, Married, Widowed or Divorced (WRITE the word.) Married

16. DATE OF DEATH (Month, day and year) Dec 13th 1920

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Ferguson

17. I HEREBY CERTIFY, That I attended deceased from _____ Dec 13 1920

that I last saw him alive on Dec 2, 1920 and

7. DATE OF BIRTH (Month, day and year) Dec 26th 1841

that death occurred on the date stated above at 3:15 P.M.

8. AGE Years Months Days If LESS than 1 day. hrs. OR min. 78 11 11

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

9. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which engaged (See instructions)

(c) Name of employer

CONTRIBUTORY (Secondary) Asthenia, sepsis

10. BIRTHPLACE (city or town) (State or country) Cincinnati Ohio

18. Where was disease contracted _____

If not at place of death _____

11. NAME OF FATHER John Ferguson

19. Was an exception provided death? _____ Date of _____

Was there an autopsy? _____

12. BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

What last condition preceded death? _____

13. MAIDEN NAME OF MOTHER Don't know

(Signature) M. J. Duffner

Dec 14, 1920 Address Yonerville Mich

14. BIRTHPLACE OF MOTHER (city or town) (state or country) U.S.

*The DISEASE CAUSING DEATH, or its death from VIOLENT CAUSES, shall be marked and NATURE of INJURY and (2) whether ACCIDENTAL, SUICIDAL, or HOSPITAL. (See reverse side for further instructions.)

15. Informant Geo. W. Ferguson
 (Address) Yonerville Mich

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Yonerville Cem Date of Burial Dec 16 1920

20. UNDERTAKER W. H. Blawie

1920 U.S. Bureau of Census Registrar

Michigan Certificate No. 22