Registration Dist. No. 9-A
Registrar's No. 701737

STATE OF SOUTH CAROLINA
BOARD OF HEALTH
CERTIFICATE OF DEATH

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STATE FILE NUMBER

TYPE, OR PRINT IN PERMANENT INK SEE HANDBOOK FOR INSTRUCTIONS

Birth No.

DECEASED

1. DECEASED—NAME: IRENE - FERGUSON
2. SEX: Female
3. DATE OF DEATH (MONTH, DAY, YEAR): December 6, 1970
4. RACE (WHITE, NEGRO, AMERICAN INDIAN, ETC.): White
5a. AGE—LAST BIRTHDAY (YEARS): 65
5b. UNDER 1 YEAR: MOS. / DAYS
5c. UNDER 1 DAY: HOURS / MIN.
6. DATE OF BIRTH (MONTH, DAY, YEAR): Jan. 24, 1905
7. COUNTY OF DEATH: Charleston
7b. CITY, TOWN, OR LOCATION OF DEATH: Charleston, S.C.
7c. INSIDE CITY LIMITS (SPECIFY YES OR NO): Yes
7d. HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER): Residence 32 Society St., Chas., S.C.
8. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY): Michigan
9. CITIZEN OF WHAT COUNTRY: U.S.A.
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married
11. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME): Ewing W. Ferguson
12. SOCIAL SECURITY NUMBER: 533-14-9653B
13a. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED): Housewife
13b. KIND OF BUSINESS OR INDUSTRY: Domestic

USUAL RESIDENCE WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

14a. RESIDENCE—STATE: S.C.
14b. COUNTY: Chas.
14c. CITY, TOWN, OR LOCATION: Charleston, S.C.
14d. INSIDE CITY LIMITS (SPECIFY YES OR NO): Yes
14e. STREET AND NUMBER: 32 Society St.

PARENTS

15. FATHER—NAME: Claude - Sloughter
16. MOTHER—MAIDEN NAME: Katherine - Noe

17a. INFORMANT—NAME: Ewing W. Ferguson
17b. MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): 32 Society St., Charleston, S. C.

CAUSE

PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
18. IMMEDIATE CAUSE (a)	HEPATIC AND GENERALIZED ABDOMINAL	5 mo.
DUE TO, OR AS A CONSEQUENCE OF: (b)	Metasases CARCINOMA OF PANCREAS	8-10 MO.
DUE TO, OR AS A CONSEQUENCE OF: (c)		

CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST

PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)

19a. AUTOPSY (YES OR NO):
19b. IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH:

20a. ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY):
20b. DATE OF INJURY (MONTH, DAY, YEAR):
20c. HOUR: M.
20d. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18):
20e. INJURY AT WORK (SPECIFY YES OR NO):
20f. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC.—SPECIFY):
20g. LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE):

21a. CERTIFICATION—I ATTENDED THE DECEASED FROM: Sept 71 1976 TO 21b. Dec 6 1970
21c. AND LAST SAW HIM/HER ALIVE ON: Nov. 30 1970
21d. I DID / DID NOT VIEW THE BODY AFTER DEATH: Did
21e. DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED. (HOUR): 11:30 A.M.

22a. CERTIFIER—NAME (TYPE OR PRINT): JOHN C. HAWK, JR.
22b. SIGNATURE: John C. Hawk Jr.
22c. DEGREE OR TITLE:
22d. MAILING ADDRESS—CERTIFIER: John C. Hawk Jr. 231 Calhoun ST. Charleston, SC 29401
22e. DATE SIGNED (MONTH, DAY, YEAR): 12-17-70

23a. BURIAL, CREMATION, REMOVAL (SPECIFY): Removed
23b. CEMETERY OR CREMATORY—NAME: Longview Mem. Park
23c. LOCATION: Steele Funeral Home Longview, Washington
24a. FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): J. Henry Stuhr, Inc. 232 Calhoun St., Charleston, S. C.
24b. DATE (MONTH, DAY, YEAR): Dec. 6, 1970
24c. FUNERAL DIRECTOR—SIGNATURE: Allen A. Kemp
24d. REGISTRAR—SIGNATURE: Shirley B. Bankstine, Dep
24e. DATE RECEIVED BY LOCAL REGISTRAR: 12-29-70

EMBALMER SIGNATURE and LICENSE NO. Allen A. Kemp 1136

SBH—670—REV. 1968 4M—11-69

JAN 9 3 15 PM 1974

STATE OF OREGON; COUNTY OF KLAMATH; ss.

Filed for record at request of E. W. Ferguson

this 9th day of January A. D., 19 74 at 3:15 o'clock P. M., and duly recorded in Vol. M 74, of Deeds on Page 245.

Fee $ 2.00 (Ewing W. Ferguson)

WM. D. MILNE, County Clerk

By Sara A. Keller Deputy

Return to: E.W. Ferguson
P.O. Box 1777, K Falls, Ore. 97601