

MAR 18 1936

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

Do not use this space.

5262

## 1. PLACE OF DEATH

County *De Kalb*Registration District No. *262*Township *Dolk*Primary Registration District No. *4161*City *Union Star Mo*

File No. ....

Registered No. ....

St. .... Ward)

## 2. FULL NAME

(a) Residence, No. *Sophrona Jane Dugles* St. .... Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred *18* yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>F</i>	4. COLOR OR RACE <i>Wh</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <i>Mar.</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>John Dugles</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Aug 18 - 1860</i>		
7. AGE YEARS <i>75</i>	MONTHS <i>5</i>	DAYS <i>22</i>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>House Wife</i>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation <i>Life</i>
12. BIRTHPLACE (CITY OR TOWN, STATE OR COUNTRY) <i>Andrew Co Mo</i>		
13. NAME <i>William R King</i>		
14. BIRTHPLACE (CITY OR TOWN, STATE OR COUNTRY) <i>Tenn</i>		
15. MAIDEN NAME <i>Esther Jane Jessup</i>		
16. BIRTHPLACE (CITY OR TOWN, STATE OR COUNTRY) <i>Deerwa</i>		
17. INFORMANT (ADDRESS) <i>John Dugles Union Star Mo</i>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Union Star</i> DATE <i>Feb 12 1936</i>		
19. UNDERTAKER (ADDRESS) <i>R. S. Taylor Union Star Mo</i>		
20. FILED <i>Feb 11 1936 E. M. Reynolds</i> Registrar.		

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) <i>Feb 10 1936</i>
22. I HEREBY CERTIFY, That I attended deceased from <i>Feb 7 1936</i> to <i>Feb 10 1936</i>
I last saw <i>her</i> alive on <i>Feb 10 1936</i> Death is said to have occurred on the date stated above, at <i>3 P. m.</i>
The principal cause of death and related causes of importance were as follows:
<i>Cerebral Haemorrhage</i>
<i>of 2 hrs</i>
Date of onset <i>2-7-36</i>
Other contributory causes of importance: <i>Arterio Sclerosis</i>
Name of operation <i>Chemo</i> Date of <i>.....</i>
What test confirmed diagnosis? <i>Chemo</i> Was there an autopsy? <i>No</i>
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? <i>.....</i> Date of injury <i>..... 19.....</i>
Where did injury occur? <i>.....</i> (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury <i>.....</i>
Nature of injury <i>.....</i>
24. Was disease or injury in any way related to occupation of deceased? <i>.....</i>
If so, specify <i>E. M. Reynolds</i>
(Signed) <i>E. M. Reynolds</i> M. D.
(Address) <i>Union Star Mo</i>

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.

