

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

1 PLACE OF DEATH

County Dunklin

Township \_\_\_\_\_

Village \_\_\_\_\_

City Cardwell (NO. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

Registration District No. 283

File No. 33938

Primary Registration District No. 4167

Registered No. 607

2 FULL NAME

Sam Jefferson Dugan

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

PERSONAL AND STATISTICAL PARTICULARS

1 MEDICAL CERTIFICATE OF DEATH

3 SEX Male 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED OR DIVORCED married  
(Write the word)

16 DATE OF DEATH Sept 30, 1916  
(Month) (Day) (Year)

6 DATE OF BIRTH Sept 19, 1886  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from never attended deceased at all that I last saw him alive on \_\_\_\_\_, 1916

7 AGE 30 yrs. 0 mos. 11 ds. If LESS than 1 day \_\_\_\_\_ hrs. or \_\_\_\_\_ min.?

and that death occurred, on the date stated above, at 5:30 a.m.

8 OCCUPATION (a) Trade, profession, or particular kind of work Labourer  
(b) General nature of industry business or establishment in which employed (or employer) Stave Factory

The CAUSE OF DEATH\* was as follows:  
Never saw him until after death and held no postmortem but believe to have been acute insufficiency  
(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

9 BIRTHPLACE (City or town, State or foreign country) Georgia 929

CONTRIBUTORY (Secondary) \_\_\_\_\_ (Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
(Signed) A. G. Scott M. D.  
9-30-1916 (Address) Cardwell Mo

10 NAME OF FATHER Samuel Dugan

11 BIRTHPLACE OF FATHER (City or town, State or foreign country) Ga

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Unknown

\*State the Disease Causing Death, or, in deaths from Violent Causes, 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 \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. In the State \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ 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) H. C. Thomas

(Address) Hollywood, Mo.

19 PLACE OF BURIAL OR REMOVAL Harrisonville Cemetery DATE OF BURIAL 10-1-1916

15 Filed 10-1-1916 E. H. Pass

20 UNDERTAKER J. M. Anderson ADDRESS Cardwell Mo.

Registrar

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

