

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

Do not use this space.

23716-E
23716 E

1. PLACE OF DEATH

County Wichitan Registration District No. 26 File No. 23716 E
Township Pathriver Primary Registration District No. 3002 Registered No. 94
City Merger (No. 402 West Maple) St. _____ Ward _____

2. FULL NAME

Pallie Lula Fugatt
(a) Residence. No. _____ St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX _____ 4. COLOR OR RACE _____ 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) _____

Female White Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Joe C. Fugatt

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar 20 - 1894

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
31 6 27

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Wife
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Jackson Port Ark
(STATE OR COUNTRY) _____

10. NAME OF FATHER M B Williams

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Alabama
(STATE OR COUNTRY) _____

12. MAIDEN NAME OF MOTHER Lula Morgan

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Alabama
(STATE OR COUNTRY) _____

14. INFORMANT Joe Fugatt
(Address) Merger Ark

15. FILED July 19th 1929 Joa S. Milligan REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 17th - 1929

17. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____, that I attended _____ alive on _____, 19____, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Suicide by gas asphyxiation

164K (duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (SECONDARY) 167 (duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH _____

0 DID AN OPERATION PRECEDE DEATH? No DATE OF July 17-29
WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) E. W. D. Brinkford, M. D.
, 19____ (Address) Merger Ark

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

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Merger Ma Ark DATE OF BURIAL 7-19 1929

20. UNDERTAKER H A Riecht & Son ADDRESS Merger Ark

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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