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

Do not use this space.

38213

1. PLACE OF DEATH
County St Francois Registration District No. 775
Township Perry Primary Registration District No. 6020
City Bonneterre (No. ..... St. ..... Ward)

File No. .....
Registered No. 90

2. FULL NAME John Henry Malugen
(a) Residence. No. Bonneterre Mo St., ... Ward. .....
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 36 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Emily K Malugen.

6. DATE OF BIRTH (MONTH, DAY AND YEAR): July 12 1859

7. AGE: Years 70 | Months 4 | Days 15 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Attorney
(b) General nature of industry, business, or establishment in which employed (or employer): —
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Bismark Mo

PARENTS
10. NAME OF FATHER: Thomas B. Malugen
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): French Village Mo
12. MAIDEN NAME OF MOTHER: Mary J Tulloek
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Bismark Mo

14. INFORMANT: L B Malugen
(Address) 3437 Shenandoah St Louis Mo

15. FILED 11/30 1929 T. A. Son REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Nov 27 1929

17. I HEREBY CERTIFY, That I attended deceased from Nov 24, 1929, to Nov 27, 1929, that I last saw him alive on Nov 27, 1929, and that death occurred, on the date stated above, at 3:45 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Angina Pectoris
(duration) 2 yrs. Hours mos. ds.

CONTRIBUTORY (SECONDARY): Chronic myocarditis
(duration) 5 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? X
DID AN OPERATION PRECEDE DEATH? no DATE OF X
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? physical examination

(Signed) A. L. Evans M. D
11-29, 1929 (Address) Bonneterre Mo

*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: Bonneterre Cemetery
DATE OF BURIAL: Nov 30 1929

20. UNDERTAKER: J. A. Bingham Bonneterre Mo
ADDRESS

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.
AGE should be stated EXACTLY. PHYSICIANS should state
23 1929
94
2
206