

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

Do not use this space.

MA 7 28 1930

6162

1. PLACE OF DEATH
 County St. Francois Registration District No. 773
 Township " Primary Registration District No. 6018A
 City " (No. ") St. " Ward "

2. FULL NAME Edward Frank Sugal Jr
 (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.

File No. 6162
 Registered No. 27

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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 Nannie Wood

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 9-19-1879

| 7. AGE | YEARS | MONTHS | DAYS | IF LESS than 1 day, hrs. or min. |
|--------|-----------|----------|-----------|--|
| | <u>50</u> | <u>4</u> | <u>26</u> | |

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 15 1930
 17. I HEREBY CERTIFY, That I attended deceased from Feb 12 1930 to Feb 15 1930 that I last saw him alive on Jan 16 1930 and that death occurred, on the date stated above, at 11 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pneumonia (Lobar) (B.)
108

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

CONTRIBUTORY (SECONDARY) 1010 (duration) yrs. mos. ds. 2
 (duration) yrs. mos. ds.

9. BIRTHPLACE (CITY OR TOWN) Brown Mt. Mo
 (STATE OR COUNTRY)

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

10. NAME OF FATHER Edward L. Sugal
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Chicago, Ill
 (STATE OR COUNTRY)
 12. MAIDEN NAME OF MOTHER Richman
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St. Louis, Germany
 (STATE OR COUNTRY)

DID AN OPERATION PRECEDE DEATH? no DATE OF
 WAS THERE AN AUTOPSY no

WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) Geo. L. Watkins, M. D.
2-17-1930 (Address) Farmington 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.

14. INFORMANT Mrs Nannie Sugal
 (Address) Farmington, Mo

19. PLACE OF BURIAL, CREMATION, OR REMOVAL St of St. Cemetery DATE OF BURIAL Feb 18 1930

15. FILED Feb 17 1930 T. J. Robinson
 REGISTRAR

20. UNDERTAKER Widener and Co ADDRESS Farmington

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.

30 2-15

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