

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

Do not use this space.

40245

1. PLACE OF DEATH

County Groesbeek
Township Jefferson
City Clyde Mo. (No.)

Registration District No. 620
Primary Registration District No. 1371

File No.
Registered No. St. Ward

2. FULL NAME

(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 50 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)

Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

12-13-1880

7. AGE

YEARS 50

MONTHS

DAYS 16

If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Labourer

(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)

Frank City Iowa

10. NAME OF FATHER

Hernandez Lugo

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

Germany

12. MAIDEN NAME OF MOTHER

Clyde Lugo

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

Burlington Wisconsin

14. INFORMANT (Address)

Frank Lugo Clyde Mo

15. FILE NO.

19-30

Mabel Graham

REGISTRAR

Jan-9-31

C. P. Treppel

M.E.C.

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR)

Dec 29 1930

17.

I HEREBY CERTIFY, That I attended deceased from Dec 29, 1930, to Dec 29, 1930 that I last saw him alive on , 19 , and that death occurred, on the date stated above, at 7 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chr. Myocarditis
Ch. Endocarditis

(duration) 4 yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

Cerebral embolism

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) S. E. Snijson, M. D.
St. Anthony 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

Conception Mo.

DATE OF BURIAL

12-31-30

20. UNDERTAKER

R. Proctor

ADDRESS

Conception Jct. Mo.

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.

Jan 21 1931

