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.

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

AUG 26 1931

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

Do not use this space.

24691

File No.

Registered No.

1. PLACE OF DEATH

County FRANKLIN — Registration District No. 292

Township BOEUF — Primary Registration District No. 5410

City (No. , St. Ward)

2. FULL NAME JULIUS MARION TUGEL

(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 77 yrs. 8 mos. 9 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~~ Ida TUGEL

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) NOV-11-1853

7. AGE: YEARS 77 — MONTHS 8 — DAYS 9 — If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. FARMER

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) 1 year

11. Total time (years) spent in this occupation 70

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) BERGER MO

FATHER

13. NAME JOHN TUGEL

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GERMANY

MOTHER

15. MAIDEN NAME P. TURNER

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ST LOUIS MO

17. INFORMANT (ADDRESS) Mrs. Ida Tugel Berger, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE BERGER MO DATE JULY 23, 1931 Evans St Johns

19. UNDERTAKER (ADDRESS) HERMAN BLUMER BERGER, MO

20. FILED 7-21, 1931 A J Shuble Registrar.

MEDICAL CERTIFICATE OF DEATH 3 4 PM.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JULY 20, 1931

22. I HEREBY CERTIFY, That I attended deceased from Jan. 14 — 1931, to July 20 — 1931

I last saw him alive on July 18, 1931. Death is said to have occurred on the date stated above, at 4 P. m.

The principal cause of death and related causes of importance were as follows:

Dermatitis (Infectious) — Date of onset

926 / 1536 / 162 — 92 B

Other contributory causes of importance:

Endocarditis about and Senility — 6-1-31

Name of operation None — Date of

What test confirmed diagnosis? None — Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. T. Daughtrey, M. D.

(Address) Berger, Mo.