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.

MAY 31 1932

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

Do not use this space.

15158

1. PLACE OF DEATH
114 County Wright — Registration District No. 907
Township Pleasant Valley — Primary Registration District No. 6220
City Mansfield (No. ..... St. ..... Ward)

File No. .....
Registered No. 12

2. FULL NAME Mathew F. Dugan

(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 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
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: Bessie Dugan

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 12, 1854

7. AGE: YEARS 77 — MONTHS 9 — DAYS 17 — 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): April 19 1932
11. Total time (years) spent in this occupation: Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Hancock County Illinois

FATHER
13. NAME: James E. Dugan
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Cork Ireland

MOTHER
15. MAIDEN NAME: Catherine
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Scotland

17. INFORMANT (ADDRESS): Martin E. Dugan Mansfield Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Baker Cemetery DATE April 30 1932

19. UNDERTAKER (ADDRESS): F. E. Stoffe Mansfield

20. FILED Apr 29 1932 J A Fuson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): April 29, 1932

22. I HEREBY CERTIFY, That I attended deceased from Apr 27, 1932, to Apr 29, 1932
I last saw him alive on Apr 27, 1932. Death is said to have occurred on the date stated above, at 5:50 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Apr 26, 1932
RVA	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

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) J A Fuson, M. D.
(Address) Mansfield Mo