

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

Do not use this space.

2533

1. PLACE OF DEATH

74 County Nodaway
9 Township 2nd
City Maryville (No. _____)

Registration District No. 628-
Primary Registration District No. 3031

File No. _____
Registered No. 51
St. _____ Ward _____

2. FULL NAME Marion Eugene Lugar

(a) Residence, No. 1222 E. 3rd St., _____ Ward.

(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.

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) 8-14-1918
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
14 4 23

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. child
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) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Maryville (STATE OR COUNTRY) mo

MOTHER 13. NAME Marion Lugar

FATHER 14. BIRTHPLACE (CITY OR TOWN) Ill. (STATE OR COUNTRY)

15. MAIDEN NAME Edith Bosley

16. BIRTHPLACE (CITY OR TOWN) Maryville (STATE OR COUNTRY) mo

17. INFORMANT Marion Lugar (ADDRESS) 1222 E. 3rd St. Maryville mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Miniam Cemetery DATE Jan 9 1933

19. UNDERTAKER Campbell Funeral Home (ADDRESS) Maryville mo

20. FILED 1-9 19 33 Mamie O'Clardy Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 7th 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan. 7 1933 to Jan. 7 1933
I last saw h. _____ alive on _____, 19____. Death is said

to have occurred on the date stated above, at 2:45 P.M.
The principal cause of death and related causes of importance were as follows:

Rheumatic Endocarditis
56
Other contributory causes of importance: _____
Date of onset _____

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) Jaren E. Egley, M. D.
(Address) Maryville, mo.

N. B.—Every item on CAUSE OF DEATH in plain terms, so that it may be properly understood.

