Dr. Rolwing

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

Do not use this space.

27057

1. PLACE OF DEATH
67 County Mississippi — Registration District No. 566 — File No.
3 Township Sycamore — Primary Registration District No. 3030 — Registered No. 96
4 City Charleston (No. ..., ... St. ..... Ward)

2. FULL NAME Frank N. Dugan

(a) Residence, No. 210 N. Green St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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 M
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 12 1856

7. AGE YEARS 77 MONTHS 5 DAYS 1 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)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hardin County Ky.

FATHER
13. NAME John Dugan
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Ky.

MOTHER
15. MAIDEN NAME Rosella Brewer
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Ky.

17. INFORMANT (ADDRESS) Jack O'Reilly Charleston Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary Cemetery DATE 8/15 1933

19. UNDERTAKER (ADDRESS) Fair Und. Co. F. D. Fair Jr. Charleston Mo.

20. FILED Aug 14th 1933 F. S. Vernon Registrar.

MEDICAL CERTIFICATE OF DEATH 6:30 P.M.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 13 1933

22. I HEREBY CERTIFY, That I attended deceased from about Aug 1, 1933, to Aug 13, 1933
I last saw him alive on Aug 13, 1933. Death is said to have occurred on the date stated above, at 6:30 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	D. R
93D	
93A	

Other contributory causes of importance:

Nephritis	D. R

Name of operation no Date of
What test confirmed diagnosis? Cl. Sympt. 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 E. Cless Rolwing
(Signed) ....., M. D.
(Address) Charleston Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PLACE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.
CAUSE OF DEATH in plain terms, so that it may be properly classified.

SEP 26 1933