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 17 1936

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

Do not use this space.

Wound 36635

1. PLACE OF DEATH

County McDonald — Registration District No. 315

Township Prairie — Primary Registration District No. 5687

City ~~Southwest City Mo~~ (No. ..... , ... St. ..... Ward)

File No. .....

Registered No. .....

2. FULL NAME Sarah Jane Fugate

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: William M Fugate

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 16th 1860

7. AGE: YEARS 75 — MONTHS 5 — DAYS 11 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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) 6 weeks

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Nicholas County West Verginia

FATHER

13. NAME: Arthur Mollohan

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ireland

MOTHER

15. MAIDEN NAME: Elizabeth Frame

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): West Virginia

17. INFORMANT (ADDRESS): Mrs John Morrow, Rogers Arkansas R#1

18. BURIAL, CREMATION, OR REMOVAL
PLACE Southwest City Mo DATE 11-28 1935

19. UNDERTAKER (ADDRESS): Nichols Brother, Southwest City Mo

20. FILED 11-30 1935 John J. Nichols, Registrar

MEDICAL CERTIFICATE OF DEATH 1935

21. DATE OF DEATH (MONTH, DAY, AND YEAR): November 27th

22. I HEREBY CERTIFY, That I attended deceased from Nov 25 1935, to Nov 27, 1935

I last saw her alive on Nov 27, 1935. Death is said to have occurred on the date stated above, at 3.15 P.M.

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

Coronary Occlusion

Date of onset

Other contributory causes of importance:

Senilty

Chronic Myocarditis

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) R. E. Warnock, M. D.

(Address) Southwest City, Mo