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.

NOV 26 1935

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

Do not use this space.

36880

1. PLACE OF DEATH
County Oregon
Township Big apple
City ..... (No. ....., ... St. ..... Ward)

Registration District No. 631
Primary Registration District No. 5833

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

2. FULL NAME Joyce Lee Phyllis Gug
(a) Residence, No. Thayer St., ... Ward.
(Usual place of abode)
(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 Female
4. COLOR OR RACE W
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) April 17-1935

7. AGE YEARS MONTHS 6 DAYS 19 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant
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) Thayer Mo.

FATHER
13. NAME Lloyd Gug
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pauline Center Ohio

MOTHER
15. MAIDEN NAME Bursa Mae Jewell
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Thayer Mo

17. INFORMANT (ADDRESS) Father

18. BURIAL, CREMATION, OR REMOVAL
PLACE Shiloh DATE 11-7 1935

19. UNDERTAKER (ADDRESS) A Neighbor N.S. Stith Koshkonong Mo

20. FILED 11/11 1935 Pearl Mittlesledter
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 6 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov 3 1935 to Nov 6 1935
I last saw her alive on Nov 6 1935 Death is said to have occurred on the date stated above, at 6:10 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Upper Respiratory Disease (Tr. Lit.)	Dec 1935
c. Diarrhea	

Other contributory causes of importance:

119B

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) Claude W Cooper, M. D.
(Address) Thayer Mo.