

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

Do not use this space.

FEB 23 1936

4307

1. PLACE OF DEATH

County Vernon
Township Loover
City Ma. Beliny (No. _____)

Registration District No. 878
Primary Registration District No. 6166

File No. _____
Registered No. 3
St. _____ Ward _____

2. FULL NAME

Wayne Edwin Kugler
(a) Residence, No. _____ St., _____ Ward _____
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Child
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Child
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 20 - 1919
7. AGE 6 YEARS 4 MONTHS 12 DAYS If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
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) Jewell Co. Kan

FATHER
13. NAME Gov. Kugler
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Smith Co. Kan

MOTHER
15. MAIDEN NAME Eva Matt
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Meritt Co. Neb

17. INFORMANT Gov. Kugler
(ADDRESS) Milo 1 Mo

18. BURIAL, CREMATION, OR REMOVAL Removal
PLACE Thornburg Kans DATE 25-1936

19. UNDERTAKER A. B. Becking House
(ADDRESS) 3 S. Adams, Ma

20. FILED Feb 5 1936 Kate Willhite
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan - 27, 1936

22. I HEREBY CERTIFY, that I attended deceased from Jan 10 1936, to Jan 27 1936
I last saw him alive on Jan 28 1936. Death is said to have occurred on the date stated above, at 10 P. m.
The principal cause of death and related causes of importance were as follows:

Bronchial Pneumonia Date of onset 1/19/36
primary

Other contributory causes of importance: 107

Name of operation none 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? No.
If so, specify _____

(Signed) J. M. Love, M. D.
(Address) Merida, Mo.

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.

WHITE PRINT, WITH UNFADING INK—THIS IS A PERMANENT RECORD

