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.

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

Do not use this space.

AUG 15 1936

File No. 25651

Registered No. 53

1. PLACE OF DEATH
County: Buchanan
Township:
Registration District No. 56
Primary Registration District No. 5127
~~City~~ Washington (No. R. F. D., # 7 St. Ward)

2. FULL NAME Joseph Dugg
(a) Residence, No. R. F. D. # 7 St Joseph Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 30, 1866

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	69	9	17	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm
10. Date deceased last worked at this occupation (month and year) July 1935
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Charleston
(STATE OR COUNTRY) West Virginia

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

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

17. INFORMANT D. L. Habluetzel
(ADDRESS) Route 7, St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL Grave # 188
PLACE City Cemetery DATE July 18, 1936

19. UNDERTAKER Clark Mortuary
(ADDRESS) 5025 King Hill Av.

20. FILED July 17, 1936 B. W. Tadlock M.D.
MH Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 17, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 17, 1936, to July 17, 1936
I last saw h... alive on July 17, 1936. Death is said to have occurred on the date stated above, at 6 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral insufficiency and aortic stenosis	June 1936
P.E.	

Other contributory causes of importance:
none

Name of operation none Date of
What test confirmed diagnosis? Clinical 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? No
If so, specify
(Signed) Arthur H. Kelly, M. D.
(Address) St Joseph Mo.