

MAN 26 1936

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

Do not use this space.

42350

1. PLACE OF DEATH

County St. Francois
Township St. Francois
City Farmington, Mo.

Registration District No. 773
Primary Registration District No. 6018A

File No. _____
Registered No. 217

Near _____ (No. _____) _____ St. _____ Ward _____

2. FULL NAME Lizzie Dugge

(a) Residence, No. St. Clair, Mo. 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 30, 1936

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

22. I HEREBY CERTIFY, That I attended deceased from November 20, 1935, to November 30, 1936

I last saw him alive on November 29, 1936. Death is said to have occurred on the date stated above, at 9:05 A.M.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 29, 1873

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____hra. _____min.
63 8 1

① Arteriosclerosis, generalized & marked Date of onset _____

② Cerebral Hemorrhages Nov 8, 1936
Nov 27, 1936

Other contributory causes of importance:

Cerebral Hemorrhages
Psychosis with Cerebral Arteriosclerosis 1933
Bronchopneumonia, terminal 11/29/36

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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) Dittmer (STATE OR COUNTRY) Missouri

13. NAME Louis Ficken

14. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) Germany

15. MAIDEN NAME Anna Meyer

16. BIRTHPLACE (CITY OR TOWN) At Sea (STATE OR COUNTRY) _____

17. INFORMANT Hospital Records (ADDRESS) Farmington, Mo.

18. BURIAL PLACE Dittmer, Missouri DATE December 2, 1936

19. UNDERTAKER Wm. Casey Company (ADDRESS) St. Clair, Missouri

20. FILED Dec 3 1936 T. J. Robinson Registrar.

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) C. C. Ault, M. D.
(Address) Farmington, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

