

MAR 19 1937

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

Do not use this space.

1. PLACE OF DEATH

42 County Hickory Registration District No. 361
Township Cross Timbers Primary Registration District No. 2506
City Cross Timbers, Mo.

File No. 6043
Registered No. 6043
St. _____ Ward _____

2. FULL NAME

John Kugler

(a) Residence, No. _____ 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 m 4. COLOR OR RACE wht 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) WIDOWED

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 22, 1849

7. AGE YEARS 87 MONTHS 5 DAYS 15 If LESS than 1 day, _____ hrs. or _____ min.

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) Basel Switzerland

13. NAME John Kugler

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Leamington

15. MAIDEN NAME Ether Seigrist

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Henry Kugler (ADDRESS) Cross Timbers Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Cross Timbers DATE 29 37

19. UNDERTAKER Decker Funeral Home (ADDRESS) Whitland Mo

20. FILED Feb 8, 1937 B O Pickett Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 7, 1937

22. I HEREBY CERTIFY that I attended deceased from Feb 1, 1937 to Feb 7, 1937

I last saw him alive on Feb 6, 1937 Death is said to have occurred on the date stated above, at 1:00 a m.

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

Chronic nephritis Date of onset 1925

Other contributory causes of importance: no history

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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? _____

If so, specify _____
(Signed) J M DeWard M. D.
(Address) Cross Timbers 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.

