

JUN 22 1937

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

Do not use this space.

1. PLACE OF DEATH

County Howard  
Township Richmond  
City (No. \_\_\_\_\_) \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

Registration District No. 878  
Primary Registration District No. 55-26

File No. 20201  
Registered No. 34

2. FULL NAME

Mollie Pickett Fugate

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7/23rd 1871

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
65 10 8

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home  
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) Kentucky  
(STATE OR COUNTRY)

13. NAME John Fugate

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

15. MAIDEN NAME Pensy McKune

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

17. INFORMANT (ADDRESS) Mrs Lee Crews, Fayette, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Walnut Ridge DATE 6/3rd 1937

19. UNDERTAKER (ADDRESS) Guy T. Halley, Fayette, Mo.

20. FILED James 1937 V. C. Bonham  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/1st 1937, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 15, 1937, to 6-1, 1937  
I last saw her alive on 6-1, 1937. Death is said to have occurred on the date stated above, at 8:00 P. m.  
The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage 5-29-37  
Fractured rt. hip. 5-29-37  
Hypertension - Chronic 1934  
Date of onset

Other contributory causes of importance: 10  
Name of operation none Date of \_\_\_\_\_  
What test confirmed diagnosis? Xray Was there an autopsy? NO

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Accident Date of injury 5-29, 1937  
Where did injury occur? Home near Fayette, Mo.  
(Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Fall from curb  
Nature of injury Extra capsular fracture of femur

24. Was disease or injury in any way related to occupation of deceased? NO  
If so, specify \_\_\_\_\_  
(Signed) Wm. J. Shaw, M. D.  
(Address) Fayette, Mo.

