

OCT 27 1937

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

Do not use this space.

## 1. PLACE OF DEATH

 County Stoddard  
 Township ELR  
 City (No. \_\_\_\_\_) \_\_\_\_\_

 Registration District No. 836  
 Primary Registration District No. 6150

 File No. 35472  
 Registered No. \_\_\_\_\_  
 St. \_\_\_\_\_ Ward \_\_\_\_\_
2. FULL NAME Margaret Ross-Dugan
 (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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

 5A. IS MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF Woodrow Dugan
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1916-3-13
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
21 5 18

 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Keeping  
 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) Mo.13. NAME J. E. Ross14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.15. MAIDEN NAME Maie Dallis16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.17. INFORMANT J. E. Ross (ADDRESS) Parma mo RFD 1
 18. BURIAL, CREMATION, OR REMOVAL PLACE Parma Cemetery DATE Sept 2 1937
19. UNDERTAKER J. C. Knight (ADDRESS) Parma mo20. FILED Sept 1, 1937 Dr. George Foster Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 1 - 193722. I HEREBY CERTIFY, That I attended deceased from May 1, 1937, to Sept 1, 1937
 I last saw him alive on Sept 1, 1937. Death is said to have occurred on the date stated above, at 9:45 P.m.

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

Acute Glomerular Nephritis Date of onset \_\_\_\_\_

Other contributory causes of importance:

Name of operation microscopic Date of \_\_\_\_\_What test confirmed diagnosis? 5. fat 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) George Foster, M. D.(Address) Parma

130

FILL IN ANSWERS TO ALL SPACES  
CHECKED IN RED PENCIL.

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

35-472

Do not use this space.

1. PLACE OF DEATH

(a) County Stoddard Registration District No. 836

(b) Township Elk Primary Registration District No. 6100 Registered No. 51

(c) City ..... (d) Street No. .... St.

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Margaret Rose Dugan

(a) Residence, No. .... St.  (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) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1916-3-13

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

21 5 18

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House

9. Industry or business in which work was done, as saw mill, bank, etc. Keeping

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) mo

FATHER

13. NAME J. C. Ross

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

MOTHER

15. MAIDEN NAME Bertie Bellis

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

17. INFORMANT (ADDRESS) J. E. Ross

18. BURIAL, CREMATION, OR REMOVAL PLACE Parma Cem DATE Sept 2, 1937

19. FUNERAL DIRECTOR (ADDRESS) H. C. Knight

20. FILED Dec 9, 1937 Hilourea Albee Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 1, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1937, to Sept 1, 1937

I last saw him alive on Sept 1, 1937 Death is said to have occurred on the date stated above, at 9:45 a.m.

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

Acute Glomerular Nephritis

Cause unknown -

Hot perspiration

Other contributory causes of importance: 130

Name of operation microscopic Date of 70

What test confirmed diagnosis? exam 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? .....

If so, specify .....

(Signed) Geo V. Husted, M. D.

(Address) Parma mo

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

S-35472