

REC'D AUG 24 1938

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

25088

Do not use this space.

1. PLACE OF DEATH

(a) County Clay Registration District No. 197
 (b) Township Gallatin Primary Registration District No. 5276# Registered No. _____
 (c) City Near Liberty (d) Street No. Oak Ridge Farm, Clay Co. _____ St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (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

Rosa Compton Fugitt 230
 (a) Residence, No. Oak Ridge Farm St. Clay County, Mo.
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Stephen Lee Fugitt</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 2, 1851</u>		
7. AGE	YEARS <u>86</u>	MONTHS <u>11</u>
	DAYS <u>28</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.	
	9. Industry or business in which work was done, as saw mill, bank, etc. <u>At home</u>	
	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) <u>Oak Ridge Farm, Clay Co. Missouri</u>		
FATHER	13. NAME <u>James Howard Compton</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Virginia</u>	
MOTHER	15. MAIDEN NAME <u>Mary Ann Wirt</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>	
17. INFORMANT (ADDRESS) <u>Miss Emma L. Compton Oak Ridge Farm, Clay Co., Mo.</u>		
18. BURIAL, OR INTERMENT PLACE <u>Liberty, Missouri</u> DATE <u>July 2, 1938</u> <u>Mt. Memorial Cem.</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>Stine & McClure Kansas City, Missouri.</u>		
20. FILED <u>7-10 1938</u> <u>Viola C. Meyer</u> Local Registrar. <u>Blanche M. A.</u>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 30 193822. I HEREBY CERTIFY, That I attended deceased from april 5, 1938, to June 20, 1938I last saw her alive on June 30, 1938. Death is said to have occurred on the date stated above, at 1 P. m.

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

~~Tonsillitis~~
Senility 1070

Other contributory causes of importance:

Tonsillitis
Bronchopneumonia

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? no23. 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) J. J. Clark M. D.(Address) Commenced by N.Y.C.

NOTE.—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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

Harold L. Rosson

or by

Registered Apprentice No. _____, working under my personal supervision.

Signed

Harold L. Rosson

Licensed Embalmer No.

3605

P. O. Address

No. Korner

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.