

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

33107
 Do not use this space.

REC'D OCT 26 1938

1. PLACE OF DEATH

(a) County Randolph Registration District No. 125
 (b) Township Sugar Creek Primary Registration District No. 3034 Registered No. 186
 (c) City Moberly Mo (d) Street No. _____ 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 Henry William Juggle 240
 (a) Residence, No. 306 W. Buchanan St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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 Sarah Juggle

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 1 - 1859

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
79 3 26

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. Retired
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

FATHER

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Macon Co. 0

13. NAME Calvin Juggle

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

MOTHER

15. MAIDEN NAME Mahilda Hardister

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Macon Co. 0

17. INFORMANT J. L. Juggle
 (ADDRESS) 325 S. 5th St Moberly Mo

18. BURIAL, CREMATION OR REMOVAL PLACE Dakland Cemetery DATE Sept - 28 - 1938

19. FUNERAL DIRECTOR Snow Funeral Home
 (ADDRESS) Moberly Mo

20. FILED Sept 27 1938 E. H. [unclear] 162

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept - 26 - 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept. 26 / 1938 to _____, 19____
 I last saw him alive on Sept. 26 - 1938 Death is said to have occurred on the date stated above, at 7:40 a.m.
 The principal cause of death and related causes of importance were, as follows:
gastric carcinoma? Date of onset months
myocardial degeneration months
 Other contributory causes of importance: _____
 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? no 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) L. E. Huber _____, M. D.
 (Address) Moberly Mo

RECEIVED

District Health Officer No. 10

District File Number 10-38-353

Date Filed 10-8-38

STATEMENT BY LICENSED EMBALMER

I, Thomas G. Barnes, Licensed Embalmer No. 2414

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Myself and

L. E.

No. _____ or by R. M. Gator, Registered Apprentice No. 137
working under my personal supervision.

Signed Thomas G. Barnes

Licensed Embalmer No. 2414

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