

DEC 14 1938

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

38114
Do not use this space.

4348

Registered No.

1. PLACE OF DEATH
(a) County Jackson Registration District No. 3
(b) Township Paris Primary Registration District No. 1
(c) City Paris (d) Street No. 675 Benton
(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. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Louis A. Dugley
(a) Residence, No. Commonwealth Hotel 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 COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (use the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Scotty Knox

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) November 15, 1897

7. AGE YEARS 80 MONTHS 11 DAYS 13 If LESS than 1 day, hrs. of min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Employee
9. Industry or business in which work was done, as saw mill, bank, etc. City Water Dept
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) New York City N.Y.

FATHER
13. NAME unk. Dugley
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

MOTHER
15. MAIDEN NAME Catherine Bradley
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT (ADDRESS) Wm. J. Dugley 13331 Liberty

18. BURIAL, CREMATION, OR OTHER PLACE Forest Hill DATE 11-9-38

19. FUNERAL DIRECTOR (NAME) (ADDRESS) F. O. Donnell 3156 Broadway

20. FILED 11-7-38 M. M. Howe Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 9 1938

22. I HEREBY CERTIFY, that I attended deceased from Sept 11 1934 to Nov 7 1938.
I first saw him alive on Nov 6 1938. Death is said to have occurred on the date stated above, at 430 am.
The principal cause of death, and related causes of importance were as follows:
Cerebral hemorrhage
Date of onset Nov 5 1938

Other contributory causes of importance:
Hypertension

Name of operation none Date of
What test confirmed diagnosis? none 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? no
If so, specify
(Signed) William M. Keith M. D.
(Address) 465 Dugley Bldg

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.

Dr. [unclear] [unclear]

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,

....., or by

Registered Apprentice No., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.