

DEC'D FEB 24 1939

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

Do not use this space.

1. PLACE OF DEATH

64 County Marion Registration District No. 547
1 Township Mason Primary Registration District No. 3129
5 City Hannibal (No. ST Elizabeth Hospital) St. _____ Ward _____
240 Mary Mosley

File No. 3028Registered No. 15

2. FULL NAME

(a) Residence, No. HULLILL St. _____ Ward. Hull Hill
(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. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Herry

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 7, 1873

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
65 9 27

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

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) Ralls County MO13. NAME William F Fugua

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Missouri

15. MAIDEN NAME Malisa Fugua

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Missouri

17. INFORMANT Ruth Wootten (ADDRESS) 204 West St. Hannibal, MO

18. BURIAL, CREMATION, OR REMOVAL PLACE Barkley Cem. Hannibal, Mo DATE Jan 5th - 1939

19. UNDERTAKER James O. Daniel (ADDRESS) Hannibal, Mo

20. FILED Jan 7, 1939 H. C. Shaker Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 3rd, 193922. I HEREBY CERTIFY, That I attended deceased from June 2, 1931 to Jan 3rd, 1939

I last saw him alive on Jan 3rd, 1939 Death is said to have occurred on the date stated above, at 6:15 m.

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

Embolism - probably Pulmonary Date of onset 12/39
Diffuse Vascular Disease about 1938
Chronic Myocarditis about 1931
Hypertension + Atherosclerosis about 1928
Obesity 1925

Other contributory causes of importance: Phlebotomy left leg 12/27/38

Name of operation None Date of _____
What test confirmed diagnosis Clinical + Laboratory 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) J. E. Seltman M. D.
(Address) Hannibal Mo.

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.

