WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

100M-11-24-33

REC'D APR 24 1939

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

Do not use this space.

File No. 12517

Registered No.

1. PLACE OF DEATH

County Shelby — Registration District No. 831

Township ~~Black Creek~~ — Primary Registration District No. 4504

City Shelbyville (No. ..... St. ..... Ward)

2. FULL NAME Griffin Eugene Tuggle

(a) Residence, No. ..... St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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: 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: Ethel Tuggle

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct 16 1868

7. AGE: YEARS 70 — MONTHS 5 — DAYS 15 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: retired
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): Shelby Co. Mo

FATHER

13. NAME: John Thomas Tuggle
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Marion Co. Mo.

MOTHER

15. MAIDEN NAME: Caroline Davis
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Maryland

17. INFORMANT (ADDRESS): Mrs. Ethel Tuggle, Shelbyville, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Leonard Cemetery DATE Apr-3-1939

19. UNDERTAKER (ADDRESS): E. P. Thompson, Shelbyville, Mo.

20. FILED Apr 3 1939 Pearl Goe, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Apr-1-1939

22. I HEREBY CERTIFY, That I attended deceased from Dec 22, 1937, to Apr-1-, 1939
I last saw him alive on Apr-1-, 1939. Death is said to have occurred on the date stated above, at 9:00 a.m.
The principal cause of death and related causes of importance were as follows:

Probably Auricular Fibrillation
Sudden death no pain.

Date of onset

Other contributory causes of importance:
Coronary Artery disease
Arterio Sclerosis

Name of operation ——— Date of ———
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? X Date of injury X, 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 X
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) P. C. Archer, M. D.
(Address) Shelbyville Mo

RECEIVED
District Health Officer No. 10
District File Number 10-39-749
Date Filed APR 13 1939