MAY 16 1939

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

Do not use this space.

14172

1. PLACE OF DEATH

County Bates — Registration District No. 52 — File No.

Township ~~XD~~ — Primary Registration District No. 4081 — Registered No. 3

City Merwin (No. , St. Ward)

2. FULL NAME William Patton Fugate

(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): Divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Elizabeth Ann Fugate

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept. 4, 1858

7. AGE: YEARS 80 — MONTHS 7 — DAYS 11 — 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.: Laborer
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): Bristol Va

FATHER

13. NAME: UNK
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): UNK

MOTHER

15. MAIDEN NAME: UNK
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): UNK

17. INFORMANT (ADDRESS): Mrs Ethel Wilhelm Vansas City Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE West Point DATE 4-16-39, 19

19. UNDERTAKER (ADDRESS): Archer & Mangold Amsterdam Mo.

20. FILED 4-16, 1939 Mrs. Will Tusker, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): April 15, 1939

22. I HEREBY CERTIFY, That I attended deceased from Oct. 1937, 19, to Apr. 15, 1938

I last saw him alive on Apr 15, 1939. Death is said to have occurred on the date stated above, at 5:30 A.M.

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

Ulcer of Duodenum

Date of onset

Other contributory causes of importance: 117 2

Duodenum Hemorrhage

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy? no

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) C. A. Lusk, M. D.

(Address) Walton Bank Bldg. Butler Mo

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.

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RECEIVED
District Health Officer No. 7
District File Number 7-35-26 S-
Date Filed 5-9-39