

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

42929
Do not use this space.

1. PLACE OF DEATH
(a) County Callaway Registration District No. 104
(b) Township Fulton Primary Registration District No. 3008
(c) or City Fulton (d) Street No. State Hospital # 2 Registered No. 334
(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 Sarah Francis Tuggle
(a) Residence, No. 305 N. Buchanan, Moberly, Mo. (Usual place of abode, if no street address, write county or city) 100 (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) WIDOWED
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Henry Williams Tuggle
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 3, 1861
7. AGE YEARS 78 MONTHS 3 DAYS 15 If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as saw mill, bank, etc. Home
10. Date deceased last worked at this occupation (month and year) DK 11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MACON, County MISSOURI

13. NAME F. M. Rhodes

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

15. MAIDEN NAME Rachel Atwell

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) LOWA

17. INFORMANT (ADDRESS) Hospital Records

18. BURIAL, CREMATION, OR REMOVAL PLACE Moberly Mo. DATE Dec 22nd 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Mahan and Son Moberly Mo

20. FILED Dec 20 1939 R. N. Crewe Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 20 1939
22. I HEREBY CERTIFY, That I attended deceased from Feb. 13, 1939, to Dec. 20, 1939
I last saw her alive on Dec. 20, 1939. Death is said to have occurred on the date stated above, at 11:50 A.M.
The principal cause of death and related causes of importance were as follows:

BRONCHOPNEUMONIA
109A
Other contributory causes of importance:
Generalized Arteriosclerosis

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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? NO (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) John J. Black, M. D.
John J. Black (Address) Moberly, 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.

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.