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.

REC'D JAN 8 1940

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

43956
Do not use this space.

1. PLACE OF DEATH
(a) County Macon — Registration District No. 533
(b) Township — Primary Registration District No. 3027 — Registered No. 105
(c) City Macon — (d) Street No. ..... St.
(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. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Margaret Fugate
(a) Residence, No. ..... St. ☐ .....
(Usual place of abode, if no street address, write county or city) (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): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF James Fugate
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 15 1873
7. AGE: Years 66 — Months 7 — Days 18 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Domestic
9. Industry or business in which work was done, as 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) Glascow Scotland 4

FATHER
13. NAME James Edgar 4
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Scotland 4

MOTHER
15. MAIDEN NAME Dont Know
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Scotland

17. INFORMANT (ADDRESS) Mrs. Tillie Thomas Bevier Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Bevier Mo DATE 12-5 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS) W. E. Edwards Bevier Mo
20. FILED 12/8 1939 Leota Newton Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-3 1939

22. I HEREBY CERTIFY, That I attended deceased from 12-1- 1939, to 12-3 1939
I last saw her alive on 12-2 1939. Death is said to have occurred on the date stated above, at 1:50 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	Dec 2
107	
Other contributory causes of importance: Acute Indigestion	Dec 1

Name of operation: None Date of
What test confirmed diagnosis? Unused 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) [signature], M. D.
(Address) Macon Mo

(Licensed Embalmer's Statement on Reverse Side)

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, B. L. Edwards, or by .....

Registered Apprentice No. ....., working under my personal supervision.

Signed B. L. Edwards

Licensed Embalmer No. 1961

P. O. Address Bowie Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.