

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

Do not use this space.

10402

1. PLACE OF DEATH

County Henny Registration District No. 347 File No. _____
 Township _____ Primary Registration District No. 3018 Registered No. 50
 City Clinton (No. Adolphus St. _____ Ward _____)

2. FULL NAME

Augustine Adolphus Jegglin
 (a) Residence No. East Jeff St. _____ Ward _____
 (Usual place of abode) (If nonresident give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 26 1929

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Kate Lee Jegglin

17. I HEREBY CERTIFY, That I attended deceased from 3/25 1929, to 2/26/29 1929, that I last saw him alive on March 30 1929, and that death occurred, on the date stated above, at 3:30 a.m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 2 1856

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral Hemorrhage

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
72 11 24

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Brick + Cement work
 (b) General nature of industry, business, or establishment in which employed (or employer) work
 (c) Name of employer _____

CONTRIBUTORY (SECONDARY) 74001 (duration) yrs. mos. da.

9. BIRTHPLACE (CITY OR TOWN) Bonneville (STATE OR COUNTRY) Mo

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH.

10. NAME OF FATHER John M Jegglin

19. DID AN OPERATION PRECEDE DEATH. no DATE OF _____
 WAS THERE AN AUTOPSY. no

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Germany (STATE OR COUNTRY) _____

WHAT TEST CONFIRMED DIAGNOSIS? None
 (Signed) J W W, M. D.
 , 19 (Address) Clinton Mo

12. MAIDEN NAME OF MOTHER Dont know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Dont know (STATE OR COUNTRY) _____

14. INFORMANT Mrs. Gus Jegglin (Address) Clinton Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Englewood Cem DATE OF BURIAL 3/28 1929

15. FILED Mar. 27 29 Dr. E. C. Peeler REGISTRAR
per J. J.

20. UNDERTAKER Spore & Son ADDRESS Clinton Mo

Every item of information should be carefully supplied. AGES 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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