Dr. Leslie

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

Do not use this space.

File No. 4114

Registered No.

**1. PLACE OF DEATH**

County: Cole — Registration District No. 213

Township: — Primary Registration District No. 3014

City: Jefferson (No. ..... St. ..... Ward)

26 3 8

**2. FULL NAME** Joseph K. Fugit

(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 | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) |
|---|---|---|
| Male | White | Married |

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Margaret Fugit

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct-26-1867

| 7. AGE YEARS | MONTHS | DAYS | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 64 | 3 | 6 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Prison Guard

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. " " 182

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) Mercer, Missouri

FATHER

13. NAME Floyd Fugit

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Scotland 8

MOTHER

15. MAIDEN NAME Margaret Farley

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 19

17. INFORMANT (ADDRESS) W. F. Fugit Jefferson City Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE River View Cem DATE Feb-4- 1932

19. UNDERTAKER (ADDRESS) Thomas Gordon Jefferson City Mo

20. FILED 2-3-1932 W. V. Bedford Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 2 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 27 1931, to Feb 2nd 1932

I last saw him alive on Feb 2nd 1932. Death is said to have occurred on the date stated above, at 3 A m.

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

| | Date of onset |
|---|---|
| Chronic Myocarditis | Don't |
| 131 | know |
| 7 | |

Other contributory causes of importance:

nephritis Interstitial

Name of operation none Date of

What test confirmed diagnosis? Clinical 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) J. T. Leslie, M. D.

(Address) Jefferson City 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.

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