

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.

FEB 25 1935

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

Do not use this space.

✓ 1048

1. PLACE OF DEATH

County Henry
Township Deep Water
City _____ (No. _____)

Registration District No. 352
Primary Registration District No. 5453

File No. _____
Registered No. 2
St. _____ Ward _____

2. FULL NAME

Maac Edward Dugan

(a) Residence, No. _____ 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. 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) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR WIFE OF) Helen Dugan

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 22, 1881

7. AGE YEARS 53 MONTHS 9 DAYS 7 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) all his life 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Henry Co. Mo

13. NAME Robert A Dugan

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

15. MAIDEN NAME Blora Miller

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

17. INFORMANT J M Miller
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Mountrose Mo DATE Jan 31 1935

19. UNDERTAKER (ADDRESS) Winnifred City Mo

20. FILED 1/29 1935 J M Miller
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 29 1935

22. I HEREBY CERTIFY That I attended deceased from Jan. 29 1935, to Jan 28 1935

I last saw him live on Jan 29 1935 Death is said to have occurred on the date stated above, at 2 P. m.

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

Acute Heart failure Date of onset _____
Acute indigestion

Other contributory causes of importance: _____

Name of operation none Date of _____
What test confirmed diagnosis? clinical Was there an autopsy? no

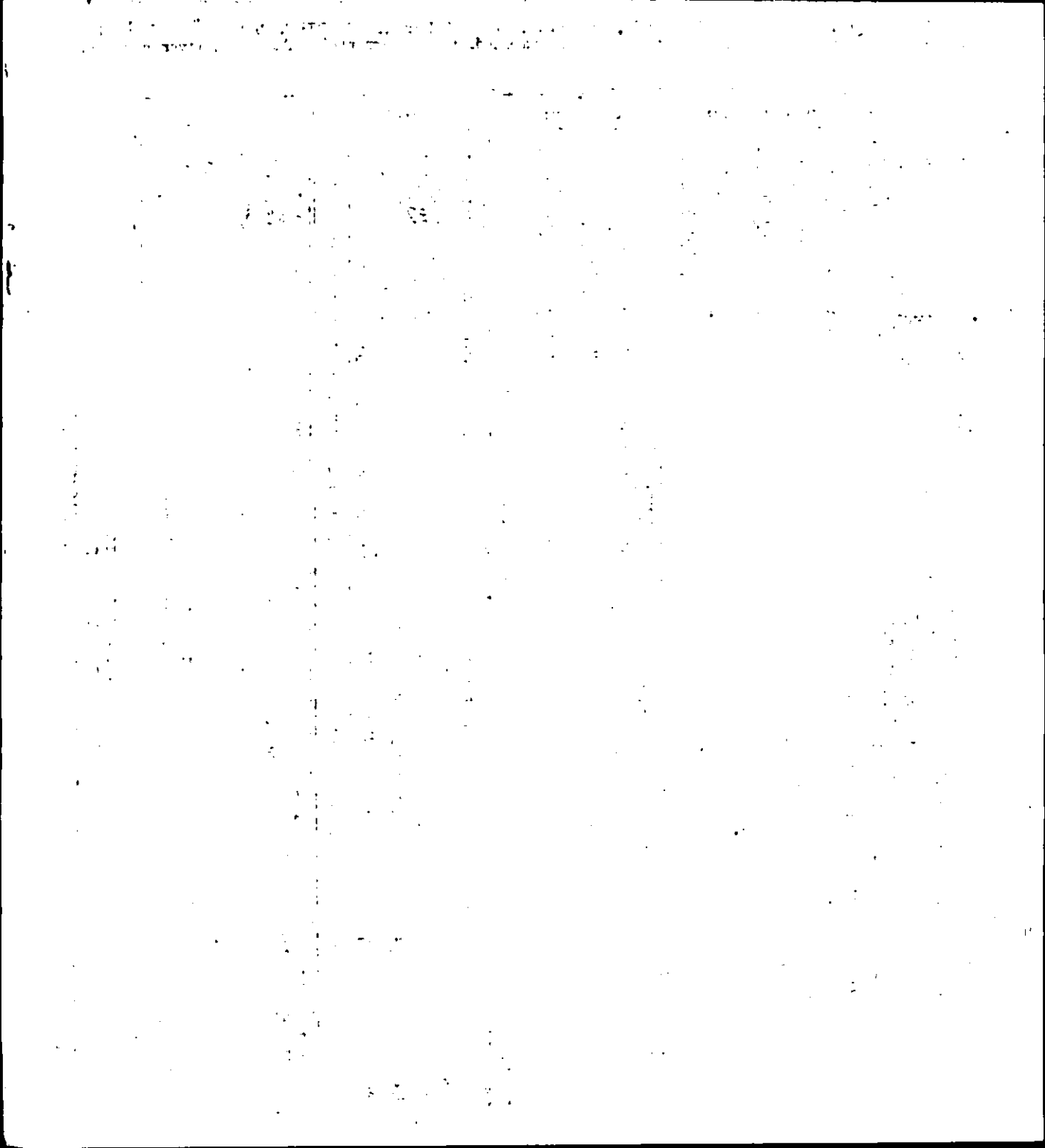
23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no Date of injury — 19—

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 M Miller M. D.
(Address) Mountrose Mo



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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Henry Registration District No. 352
 Township J Primary Registration District No. 5493
 City Irving (No. St. Ward)

File No.
 Registered No.

2. FULL NAME

Isaac Edvard Oregon

(a) Residence, No. St. Ward.
 (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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 29, 1935
 22. I HEREBY CERTIFY That I attended deceased from , 1935, to , 1935.
 I last saw him/her alive on , 1935. Death is said to have occurred on the date stated above, at m.
 The principal cause of death and related causes of importance were as follows:
Acute dilatation of the heart failure Date of onset

Other contributory causes of importance: Acute dilatation as I think he died before it required time at Indigestion

Name of operator No further information Date of
 What test confirmed diagnosis Was there an autopsy?

23. If death was due to external causes (violence, fall, etc.) also the following: Accident, suicide, or homicide? Date of injury , 1935
 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?
 If so, specify
 (Signed) , M. D.
 (Address)

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
 13. NAME
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
 15. MAIDEN NAME
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
 17. INFORMANT (ADDRESS)
 18. BURIAL, CREMATION, OR REMOVAL PLACE DATE , 1935
 19. UNDERTAKER (ADDRESS)
 20. FILED April 6, 1935 J. M. Miller Registrar

SUPPLEMENTARY

1500

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.
 STATE OF DEATH IN PLAIN TERMS, SO THAT IT MAY BE PROPERLY CLASSIFIED. Exact statement of OCCUPATION is very important.

1048

MAR 29 1935

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