

MARGIN RESERVED FOR BINDING

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

A. 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.

654126

MISSOURI STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS
 PLACE OF DEATH: Repley County, Missouri
 County: Repley
 Township: Pratt
 Village: Pratt
 City: _____ (NO. _____ St. _____ Ward _____)
 Primary Registration District No. 5986 Registered No. 32

FULL NAME: Milo Madsonworth Dugate
 [If death occurred in a hospital or institution, give its NAME instead of street and number]

PERSONAL AND STATISTICAL PARTICULARS	
SEX <u>Male</u>	COLOR OR RACE <u>White</u>
SINGLE MARRIED WIDOWED OR DIVORCED <u>Single</u> (Write the word)	
DATE OF BIRTH <u>Feb. 16, 1911</u> (Month) (Day) (Year)	
AGE <u>1 yrs. 5 mos. 9 ds.</u> IF LESS than 1 day, ___ hrs. or ___ min.?	
OCCUPATION (a) Trade, profession, or particular kind of work <u>Infant</u> (b) General nature of industry, business, or establishment in which employed (or employer)	
BIRTHPLACE (City or town, State or foreign country) <u>Repley County, Missouri</u>	
PARENTS	NAME OF FATHER <u>Luther Dugate</u>
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Kentucky</u>
	MAIDEN NAME OF MOTHER <u>Mamie Hampton</u>
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Kentucky</u>
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>J. W. Hall</u> (ADDRESS) <u>Pratt, Mo.</u>	
Filed <u>July 26, 1912</u> <u>J. W. Hall</u> REGISTRAR	

MEDICAL CERTIFICATE OF DEATH	
DATE OF DEATH <u>July 25, 1912</u> (Month) (Day) (Year)	
I HEREBY CERTIFY, that I attended deceased from <u>July 20, 1912</u> , to <u>July 25, 1912</u> , that I last saw him alive on <u>July 25, 1912</u> , and that death occurred, on the date stated above, at <u>12 a. m.</u>	
The CAUSE OF DEATH* was as follows: <u>Acute Infectious infection</u> <u>104 130</u>	
Contributory <u>Repleyitis</u> (SECONDARY) (Duration) ___ yrs. ___ mos. ___ ds. <u>6</u>	
(Signed) <u>B. W. Robinson</u> M. D. <u>7/26/1912</u> (Address) <u>Douglas</u>	
*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.	
LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death ___ yrs. ___ mos. ___ ds. In the State ___ yrs. ___ mos. ___ ds.	
Where was disease contracted if not at place of death? _____	
Former or usual residence _____	
PLACE OF BURIAL OR REMOVAL <u>Memil Cem</u>	DATE OF BURIAL <u>7/26, 1912</u>
UNDERTAKER <u>J. R. Wright Son</u>	ADDRESS <u>Douglas</u>

Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health
Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sar-*

coma, etc., of _____ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)



PLACE OF DEATH

County

Ripley

REGISTRARS SHALL NOT RE-
CEIVE A FEE FOR CERTIFICATES
UNTIL THEY ARE COMPLETED AS
PRESCRIBED BY LAW.

Township

Current River

Registration District No.

750

File No.

239851

or
Village

Primary Registration District No.

5986

Registered No.

32

or
City

(NO.

St.

Ward)

[If death occurred in a
hospital or institution,
give its NAME instead
of street and number]

FULL NAME

Milo Woodsworth Fugate

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX male COLOR OR RACE white SINGLE MARRIED WIDOWED OR DIVORCED single
(Write the word)

DATE OF DEATH July 25, 1912
(Month) (Day) (Year)

DATE OF BIRTH Feb 16, 1911
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from July 20, 1912, to July 25, 1912, that I last saw him alive on July 25, 1912, and that death occurred, on the date stated above, at 12 a. m.

AGE 1 yrs. 5 mos. 9 ds. IF LESS than 1 day, hrs. or mins.

The CAUSE OF DEATH* was as follows:
Acute Intestinal Infection
Dysentery.

OCCUPATION (a) Trade, profession, or particular kind of work Infant
(b) General nature of industry, business, or establishment in which employed (or employer)

BIRTHPLACE (City or town, State or foreign country) Ripley Co. Mo.

(Duration) yrs. mos. ds. 6

NAME OF FATHER Luther Fugate

Contributory Nephritis
(SECONDARY) (Duration) yrs. mos. ds. 2

BIRTHPLACE OF FATHER (City or town, State or foreign country) Kentucky

(Signed) B. N. Robinson M. D.
7/26 1912 (Address) Douighan

MAIDEN NAME OF MOTHER Mamie Haupt

*State the Disease Causing Death, or, in deaths from violent causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

BIRTHPLACE OF MOTHER (City or town, State or foreign country) Kentucky

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death yrs. mos. ds. In the State yrs. mos. ds.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) J. W. Hall

Where was disease contracted If not at place of death? Former or usual residence

(ADDRESS) Pratt Mo.

PLACE OF BURIAL OR REMOVAL Merril Cem. DATE OF BURIAL 7/26, 1912

Filed July 26 1912 J. W. Hall REGISTRAR

UNDERTAKER J. B. Wright & Son ADDRESS Douighan

N. B.—Every item of information should be carefully supplied. AGE should be stated EX-
ACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact status

Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health
Association]

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