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

Do not use this space.

8236

AR 24 1928

1. PLACE OF DEATH
County of Clay
Township ~~Fishing~~ River
City of Excelsior Springs, (No. Mo.
Registration District No. 198
Primary Registration District No. 3011
File No.
Registered No. 24
St. Ward)

2. FULL NAME AMOS F. DUGGAN
(a) Residence. (Usual place of abode) No. U.S.V.Hospital, Excelsior Springs, Mo. 551 Grand Ave., Kans. City, Mo (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. 18 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): Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 24, 1887

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ... min.
40	40	6	7	

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

9. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY) South Dakota

PARENTS
10. NAME OF FATHER Mike Duggan
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Ireland
12. MAIDEN NAME OF MOTHER Louise Wacondatopaki
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) South Dakota

14. INFORMANT deceased
(Address)

15. FILED 3/1, 1928 Y.D. Craven REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 1, 1928 19

17. I HEREBY CERTIFY, That I attended deceased from Feb. 13, 1928, to March 1, 1928 that I last saw him alive on March 1, 1928, and that death occurred, on the date stated above, at 11:30 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Myocarditis, acute, resulting from toxemia
11.5A
11.5B
6.5
88 C
(duration) yrs. 2 weeks mos. ds.

CONTRIBUTORY (SECONDARY) Ulceration of mouth and throat.
(duration) yrs. 1 mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? unknown
O DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? clinical and laboratory findings
(Signed) J.A. Howell, Ward Surgeon, M. D
, 19 (Address) U.S.V.Hospital.

*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: Pierre, So Dakota
DATE OF BURIAL: — 19

20. UNDERTAKER: Herbert Hope, Excelsior Springs, Mo.
ADDRESS

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.

JAN 26 1969