

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

Do not use this space.

23126

1. PLACE OF DEATH

County.....
Township.....
City *St. Louis* (No. *City Hospital*)

Registration District No. *791*
Primary Registration District No. *1003*

File No.
Registered No. *6582*
St. Ward)

2. FULL NAME

Claude Elmo Tuggle
(a) Residence. No. *1711 S. 8th* St., *23rd* 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

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 *Mandy Irwin*

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *June 25 1885*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
43 11 24

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. *Carpenter*
(b) General nature of industry, business, or establishment in which employed (or employer).....
(c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) *Illinois*

10. NAME OF FATHER

James Tuggle

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) *Kentucky*

12. MAIDEN NAME OF MOTHER

Senny Cunningham

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) *Kentucky*

14.

INFORMANT *Martha Tuggle*
(Address) *1711 S. 8th St.*

15.

FILED *May 19 1929*
W. C. Stanley
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *June 19 1929*

17. I HEREBY CERTIFY, That I attended deceased from....., 19....., to....., 19....., and that I last saw him alive on....., 19....., and that death occurred, on the date stated above, at....., 19....., a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: I
*Shock & Injuries
fractured skull
fall from ladder*
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) *Accident*
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? DATE OF.....
WAS THERE AN AUTOPSY? *yes*

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) *J. W. Kemmer, M.D.*

(Address) *Deputy Coroner*
*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 DATE OF BURIAL

Fredericktown Mo. *6-20 1929*

20. UNDERTAKER ADDRESS

Witt Bros. & Co 2429 S. Jefferson

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.

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