

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

Do not use this space.

30335

1. PLACE OF DEATH

County Texas Registration District No. 865
 Township Cass Primary Registration District No. 6143
 City Carroll (No. _____) St. _____ Ward _____

File No. _____
 Registered No. 13

2. FULL NAME

(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 44 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
 6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Margaret Fugate
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 18 1860
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
71 1 5

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) Aug 10, 1931 11. Total time (years) spent in this occupation 50 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Va.

MOTHER FATHER
 13. NAME Joseph C Fugate

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

15. MAIDEN NAME Jane Sater

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

17. INFORMANT Bryan Fugate
 (ADDRESS) Carroll Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Elk Creek Cemetery DATE Aug 24 1931

19. UNDERTAKER Rayford V. Elliott
 (ADDRESS) Carroll Mo

20. FILED Aug 24 1931 R.P. Hubbard
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 23 1931

22. I HEREBY CERTIFY, That I attended deceased from Aug 19 1931 to Aug 23 1931

I last saw him alive on Aug 23 1931. Death is said

to have occurred on the date stated above, at 2:30 p.m.

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

Apoplexy Date of onset Aug 19

Other contributor causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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?

If so, specify _____

(Signed) J. Cavalier, M. D.

(Address) Carroll Mo

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

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.

SEP 28 1931

