

MAR 18 1936

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

Do not use this space.

5262

1. PLACE OF DEATH

County De KalbRegistration District No. 262Township PolkPrimary Registration District No. 4161City Uniontown Mo

File No.

Registered No.

St. Ward)

2. FULL NAME

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>F</u>	4. COLOR OR RACE <u>Wh</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>W.</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>John Dugles</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 18 - 1860</u>		
7. AGE YEARS <u>75</u>	MONTHS <u>5</u>	DAYS <u>22</u>
If LESS than 1 day, hrs. or min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>House Wife</u>	
	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 <u>Life</u>		
12. BIRTHPLACE (CITY OR TOWN, STATE OR COUNTRY) <u>Andrew Co Mo</u>		
FATHER	13. NAME <u>William R King</u>	
	14. BIRTHPLACE (CITY OR TOWN, STATE OR COUNTRY) <u>Tenn</u>	
MOTHER	15. MAIDEN NAME <u>Esther Jane Jessup</u>	
	16. BIRTHPLACE (CITY OR TOWN, STATE OR COUNTRY) <u>Deerwa</u>	
17. INFORMANT (ADDRESS) <u>John Dugles Uniontown Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Uniontown Mo</u> DATE <u>Feb 12 1936</u>		
19. UNDERTAKER (ADDRESS) <u>R. S. Taylor Uniontown Mo</u>		
20. FILED <u>Feb 11 1936</u> <u>E. M. Reynolds</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 10 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 7 1936 to Feb 10 1936. I last saw her alive on Feb 10 1936. Death is said to have occurred on the date stated above, at 3 P. m. The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage 2-7-36
8 2 1/2

Other contributory causes of importance: Arterio Sclerosis

Name of operation Cerebral Date of

What test confirmed diagnosis? Was there an autopsy? No

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 E. M. Reynolds
(Signed) E. M. Reynolds M. D.
(Address) Uniontown Mo

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.

