

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

39498
Do not use this space.

1. PLACE OF DEATH
 (a) County Dunklin Registration District No. 288
 (b) Township _____ Primary Registration District No. 4172
 (c) City Kennett Mo (d) Street No. _____ St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Lucretia Elin Dugg
 (a) Residence, No. 215 Stiers St St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 20 1873

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hra. ormin.
66 10 9

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Hotel Prop

9. Industry or business in which work was done, as saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) Nov 29 1939 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sariton Cal

13. NAME E. L. Stiers

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

15. MAIDEN NAME Mary Alice Brown

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

17. INFORMANT Harry Stiers
 (ADDRESS) Kennett Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Ridge Cem DATE 12-1-39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Leitch Wood Co
Kennett Mo

20. FILED 12-8 1939 Whelan Davis
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 29 1939

22. I HEREBY CERTIFY, That I attended deceased from Oct 15 1938, to Nov 29 1939
 I last saw her alive on Nov 29 1939. Death is said to have occurred on the date stated above, at 3:20 A.M.
 The principal cause of death and related causes of importance were as follows:
De compensated Heart Date of onset _____

Other contributory causes of importance: ASB

Name of operation None Date of _____
 What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? No 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? No
 If so, specify _____
 (Signed) Paul Baldwin, M. D.
 (Address) Kennett Mo

571
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.

REC'D DEC 18 1939

RECEIVED

District Health Officer No. 3,

District File Number 1239-722

Date Filed 12/11/39

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

A. C. Lansdell

....., Registered Apprentice No.....

working under my personal supervision.

Signed A. C. Lansdell

Licensed Embalmer No. 818

P. O. Address Kennett Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.