

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.

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

Do not use this space.

APR 8 1935

8973

1. PLACE OF DEATH

County Iron
Township _____
City Pilot Knob (No. _____, St. _____ Ward _____)

Registration District No. 392
Primary Registration District No. 4231

File No. _____
Registered No. 3
St. _____ Ward _____

2. FULL NAME Margrette Dugas

(a) Residence, No. _____ St. _____ 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fem. 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) Wm. Dugas

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 20/1863

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
71 5 6

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. house wife

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) 1934 11. Total time (years) spent in this occupation about 46 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iron Co. Mo.

13. NAME Jefferson Harbison

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

15. MAIDEN NAME unknown

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

17. INFORMANT (ADDRESS) Wm. Dugas Pilot Knob Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Knough Mo. DATE 3/25 1935

19. UNDERTAKER (ADDRESS) White & Son Ironton Mo.

20. FILED Mar 31 1935 L. Jefferson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 26 March 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 13, 1934, to March 26, 1935
I last saw him alive on March 20, 1935. Death is said to have occurred on the date stated above, at 11.00 PM
The principal cause of death and related causes of importance were as follows:

Carcinoma of rectum & within Date of onset 9/15/34

Other contributory causes of importance:

Name of operation none Date of _____
What test confirmed diagnosis? clinical 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) W. T. Duckworth, M. D.
(Address) Desloge, Mo.