MAR 28 1930

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

Do not use this space. 7361

7360

1. PLACE OF DEATH: County: Scotland — Registration District No. 810 — File No.
Township: Jefferson — Primary Registration District No. 6055 — Registered No. 10
City (No. St. Ward)

2. FULL NAME: Caroline Pugh

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Henry K Pugh

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Feb 10, 1853

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
76	11	29	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: housewife
(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): Ind

PARENTS

10. NAME OF FATHER: Wm Terrel
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY): Ohio
12. MAIDEN NAME OF MOTHER: Amal Troth
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY): Ohio

14. INFORMANT: W M Pugh
(Address): Memphis Mo

15. FILED: FEB 26 1930 — C. E. Garrison, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Feb. 9 1930

17. I HEREBY CERTIFY, That I attended deceased from Feb 6, 1930, to Feb 9, 1930, that I last saw h. alive on Feb 9, 1930, and that death occurred, on the date stated above, at 6 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pneumonia Pleural
10 d
10 b P
10 c
10 d

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Card. & renal debility

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED? Home
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) James A Mitchell, M. D
2/26 1930 (Address) Memphis Mo

*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: Prairie View cemetery — DATE OF BURIAL: 2/12/1930

20. UNDERTAKER: J. N. Payne & Sons — ADDRESS: Memphis

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.

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

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