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.

OCT 22 1931

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

Do not use this space.

1. PLACE OF DEATH
County Bates — Registration District No. 53 — File No. 30496
Township — Primary Registration District No. 3005 — Registered No. 39
City Rich Hill (No. ..... St. ..... Ward)

2. FULL NAME James B. Pugh
(a) Residence, No. ..... St., ... Ward. (If nonresident, give city or town and State)
(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 M
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR) WIFE OF~~ Zelma Pugh
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 4-1875
7. AGE YEARS 56 MONTHS 4 DAYS 18 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. R.R. Switchman
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) unknown
11. Total time (years) spent in this occupation

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

FATHER
13. NAME Samuel Pugh
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

MOTHER
15. MAIDEN NAME Alcinda Ewell
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

17. INFORMANT (ADDRESS) Sarah Dickinson Rich Hill Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Pittsburg Kans DATE Sept-23- 1931
19. UNDERTAKER (ADDRESS) Pond & Reavley Rich Hill Mo.
20. FILED Sept 22 1931 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 20 1931
22. I HEREBY CERTIFY, That I attended deceased from Sept 18, 1931, to Sept 20, 1931.
I last saw him alive on Sept 18, 1931. Death is said to have occurred on the date stated above, at 1:00 m.
The principal cause of death and related causes of importance were as follows:

Date of onset

Rachel Lemoorhage
E.D.A.

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? [signature] 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? No
If so, specify .....
(Signed) [signature], M. D.
(Address) Rich Hill Mo.