

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.

MAY 22 1933

12561

1. PLACE OF DEATH

14 County Callaway  
Township McCredie  
City (No. \_\_\_\_\_) \_\_\_\_\_

Registration District No. 104  
Primary Registration District No. 3151

File No. \_\_\_\_\_  
Registered No. 77  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

(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 <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Uida Pugh</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 9, 1877</u>		
7. AGE	YEARS <u>55</u>	MONTHS <u>9</u>
	DAYS <u>3</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>Farmer</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
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>		
FATHER	13. NAME <u>DK</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	
MOTHER	15. MAIDEN NAME <u>DK</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	
17. INFORMANT (ADDRESS) <u>Marvin Taylor McCredie Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Rickland Baptist Church Cemetery</u> DATE <u>April 5, 1933</u>		
19. UNDERTAKER (ADDRESS) <u>Geo. H. Wallace Fulton Mo.</u>		
20. FILED <u>Apr 5 1933</u> <u>D. N. Crews</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 4, 1933

22. I HEREBY CERTIFY That I attended deceased from arrived the body 4/4/1933  
\_\_\_\_\_ to \_\_\_\_\_, 1933  
I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_ Death is said to have occurred on the date stated above, at 11 A.m.  
The principal cause of death and related causes of importance were as follows:  
Strangulation by hanging  
suicide  
165  
Other contributory causes of importance:  
165  
Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? suicide Date of injury 4/4/1933  
Where did injury occur? his own barn  
(Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.  
in home  
Manner of injury hanging - suicide  
Nature of injury strangulation

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
If so, specify \_\_\_\_\_  
(Signed) Ch. Christian  
(Address) Fulton Mo.  
Coroner of Callaway Co  
Mo

