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.

29830

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No.
Township Kaw — Primary Registration District No. 1002 — Registered No. 3756
City Kansas City (No. St Joseph Hospital St. Ward)

2. FULL NAME Albert B Pugh
(a) Residence, No. 314 North Brighton 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: Male
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: Mrs Mary Pugh

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sep 27, 1881

7. AGE: YEARS 51 — MONTHS 11 — DAYS 24 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. K.C. Gas Co.
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): Lindale, Iowa

FATHER
13. NAME: Albert Pugh
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Iowa

MOTHER
15. MAIDEN NAME: Sarah Fortney
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Iowa

17. INFORMANT (ADDRESS): Mrs Mary Pugh 314 N Brighton

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary Cemetery DATE Sep 23, 1933

19. UNDERTAKER (ADDRESS): Quirk & Tobin Co. Linwood & Main

20. FILED 9-22 1933 M M Crowe Asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Sept 21, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 13, 1933, to Sept 21, 1933
I last saw him alive on Sept 20, 1933. Death is said to have occurred on the date stated above, at 4:45A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
66B	
Bronchi Pneumonia	Sept 19 '33
107A	
71A	

Other contributory causes of importance:

Thyrotoxicosis	Jan '33
Hemolytic Jaundice	Sept 15 '33

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? Yes

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? .....
If so, specify .....
(Signed) C W Rose, M. D.
(Address) 103 N. Elmwood