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

JAN 21 1937

Do not use this space.

45469

1. PLACE OF DEATH
County Madison Registration District No. 539 File No.
Township Marquand Primary Registration District No. 4320 Registered No.
City (No. St. Ward)

2. FULL NAME Hy M. 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: Male
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: Mrs H M Pugh
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb 8-1862
7. AGE: YEARS 74 MONTHS 10 DAYS 16 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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): Madison Co Mo

FATHER
13. NAME: Dont Know
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo

MOTHER
15. MAIDEN NAME: Pernice Whitener
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Madison Co Mo

17. INFORMANT (ADDRESS): Leo Pugh
18. BURIAL, CREMATION, OR REMOVAL
PLACE Dudley Cemetery DATE 12-26 1936
19. UNDERTAKER (ADDRESS): Hope
20. FILED Dec 26 1936 S. C. Slaughter Registrar.
By C. D. Schwaner.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec 24 1936
22. I HEREBY CERTIFY, That I attended deceased from Did not see him in last illness
I last saw him alive on Apr 30, 1934 Death is said to have occurred on the date stated above, at 7 P m.
The principal cause of death and related causes of importance were as follows:
Chronic Nephritis — Date of onset 1932

131

Other contributory causes of importance:
Arteries Sclerosis

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? 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 Harry Barron, M. D.
(Address) Fredericktown Mo

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.

20M-2-19-36 I X7294