

AUG 18 1937

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

Do not use this space.

## 1. PLACE OF DEATH

County Barton 2Registration District No. 40Township 1Primary Registration District No. 4024City Hamar (No. ....)

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

male

## 4. COLOR OR RACE

White

## 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Single

## 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

## 6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Sept 22, 1935

## 7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, ..... hrs. or ..... min.

1108

## 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

At home

## 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)

Kansas City Mo

## 13. NAME

Frank J. Pugh

## 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Barton Co. Mo.

## 15. MAIDEN NAME

Nina Cook

## 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Illinois

## 17. INFORMANT (ADDRESS)

Frank J. Pugh Hamar, Mo.

## 18. BURIAL, CREMATION, OR REMOVAL

PLACE Waters Cem DATE July 31, 1937

## 19. UNDERTAKER (ADDRESS)

Konantzis Hamar, Mo.

## 20. FILED

July 31, 1937 Miss Josephine Mynatt Registrar

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH (MONTH, DAY, AND YEAR)

July 30, 1937

## 22. I HEREBY CERTIFY, That I attended deceased from

7-29-1937 to 7-30-1937I last saw him alive on 7-30-1937 Death is saidto have occurred on the date stated above, at 11:30 P. M.

The principal cause of death and related causes of importance were as follows:

Dysentery  
(Cholera infantum)

Date of onset

7/26/37

## Other contributory causes of importance:

Name of operation ..... Date of ..... 1190What test confirmed diagnosis? ..... 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 1 .....24. Was disease or injury in any way related to occupation of deceased? NoIf so, specify. James A. Attkins, M. D.(Signed) James A. Attkins, M. D.(Address) Lamar, Mo.

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.

