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

Do not use this space.

32534

OCT 14 1937

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis (No. Missouri Pacific Hospital St. ..... Ward)

File No. ..... Registered No. 8588

2. FULL NAME Bess Thomas Pugh.

(a) Residence, No. ..... St., NR Ward. Little Rock, Ark.
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	arried

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

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

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
Abt.	57	xxx	xxx	

OCCUPATION

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

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) Unknown

FATHER

13. NAME Unknown

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

MOTHER

15. MAIDEN NAME Unknown

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

17. INFORMANT P. H. Ruebel & Co.
(ADDRESS) Little Rock, Ark.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Gurdon, Arkansas DATE Sept. 11, 1937

19. UNDERTAKER Robert J. Ambruster
(ADDRESS) Clayton Road and Concordia Lane

20. FILED SEP 13 1937, 19.... J. F. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 11, 19 37

22. I HEREBY CERTIFY, That I attended deceased from 9-10, 19 37, to 9-11, 19 37

I last saw him alive on 9-11, 19 37. Death is said to have occurred on the date stated above, at 7:45 a.m.

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

	Date of onset
Far advanced pulmonary tuberculosis	1927

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? X-ray, post mortem 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) R. H. McIlroy, M. D.

(Address) Mo. Pac. Hospital

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.

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...DING THINK--THIS IS A PEN ...EN ...H...

...ailed. Ag...

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

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1. PLACE OF DEATH

County .... Registration District No. 791 .... File No. ....

Township .... Primary Registration District No. .... Registered No. 8588

City St. Louis (No. Missouri Pacific Hospital St. .... Ward)

2. FULL NAME Ben Thomas Pugh

(a) Residence, No. Little Rock, Arkansas 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: 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: Susie Lou Pugh

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov. 30, 1879

7. AGE: YEARS 57 MONTHS 9 DAYS 11 — If LESS than 1 day, ... hrs. or .... min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mo. Pac. Ry.

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) Clark County, Arkansas

FATHER

13. NAME L. H. Pugh

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

MOTHER

15. MAIDEN NAME Unknown

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

17. INFORMANT Mrs. Ben Thomas Pugh
(ADDRESS) 1815 Lamar Ave., Memphis, Tenn.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Gurdon, Ark DATE Sept. 11 1937

19. UNDERTAKER Robert J. Ambruster
(ADDRESS) Clayton Road at Concordia Lane

20. FILED ...., 19.... *Registrar.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 11, 1937

22. I HEREBY CERTIFY, That I attended deceased from ...., 19...., to ...., 19....

I last saw h.... alive on ...., 19.... Death is said to have occurred on the date stated above, at ....m.

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

Other contributory causes of importance:

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? ....

If so, specify ....

(Signed) ...., M. D.

(Address) ....

SUPPLEMENTARY

SUPPLEMENTARY

SUPPLEMENTARY

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.

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TO WHOM IT MAY CONCERN:

This is to certify that the within information is supplemental to a certificate filed with the Bureau of Vital Statistics in St. Louis on September 11, 1937, the information at that time being unavailable.

Robert [illegible]

Subscribed and sworn to before me, this 15th

day of September, 1937.

Edward H Beckhorst
Notary Public.

My commission expires 8/10/41.

S-32534