

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

Do not use this space.

1. PLACE OF DEATH

County BUCHANAN
Township WASHINGTON
City ST. JOSEPH

Registration District No. 85
Primary Registration District No. 1000
(No. ST. JOSEPH HOSPITAL)

File No. 2135
Registered No. 116
St. _____ Ward _____

2. FULL NAME INFANT PUGH

(a) Residence, No. 1417 RIDENBAUGH St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX FEMALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) INFANT

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JANUARY 29, 1938.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
0 0 0

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. NONE
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) S. T. JOSEPH,
(STATE OR COUNTRY) MISSOURI

13. NAME HUGO PUGH

14. BIRTHPLACE (CITY OR TOWN) ST. JOSEPH,
(STATE OR COUNTRY) MISSOURI

15. MAIDEN NAME SARA COLE
ST. JOSEPH

16. BIRTHPLACE (CITY OR TOWN) ST. JOSEPH
(STATE OR COUNTRY) MISSOURI

17. INFORMANT MR. & MRS. HUGO PUGH
(ADDRESS) 1417 RIDENBAUGH, ST. JOSEPH, MO

18. BURIAL, CREMATION, OR REMOVAL PLACE MEMORIAL PARK, DATE JAN. 29, 1938.

19. UNDERTAKER FLEEMAN & SON, INC.
(ADDRESS) 1946 COLHOUN ST. ST. JOSEPH, MO

20. FILED Jan 30 1938 H. J. Matlock
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JAN, 29, 1938 1938

22. I HEREBY CERTIFY That I attended deceased from Jan. 29, 1938 to Jan 29, 1938
I last saw him alive on Jan 29, 1938 Death is said to have occurred on the date stated above, at 2:45 a.m. m.

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

Stillborn Date of onset Jan. 23/38

Other contributory causes of importance? None in Cond

Name of physician **RECEIVED** Date of _____
What 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.
MISSOURI STATE BOARD OF HEALTH

Manner of injury _____ Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) Francis Deane M. D.
(Address) Memorial Park

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.

